

# The Five-Year Treatment Needs Assessment and Plan

## I. NEEDS ASSESSMENT

The Needs Assessment Portion of the document is organized into two steps: one to describe the strengths and capacity of the treatment and support service system within the SCA’s county(ies) and the second to identify the needs and gaps within the local system. The data gathered and presented in these two sections will assist in the preparation of and substantiate that which is included in the Treatment and Support Services Plan.

### A. Step 1: Assessing the Strengths & Organizational Capacity of the Service System to Address the SUD Needs of your SCA

In this section, provide a description and complete the tables as requested. **Note:** For ease of reference, throughout this document tables that are imbedded into the document are named numerically, i.e., “Table 1”; tables that are inserted by the SCA should be named alphabetically, i.e., “Table A”.

*Fill in Table 1 as follows: Describe the structure of your SCA and service system, including how the delivery of case management, treatment and recovery support services are executed (directly; through contracted providers; or a hybrid of direct and contracted). Enter the number of treatment, case management and recovery support service providers with whom you contract, both within your catchment area and outside of your catchment area.*

<b>TABLE 1: SCA Identification, Description and Overview</b>		
<b>SCA Name &amp; IF applicable, identify counties that comprise joinder</b>		
<b>Delaware County Single County Authority</b>		
<b>SCA Structure <i>(place x)</i></b>		
Planning Council	<b>X</b>	Public Executive
Private Executive		Independent
<b>Is delivery of case management, treatment, and recovery support services executed directly by SCA or through contracted providers, or a hybrid of both? <i>(place x and explain)</i></b>		
Direct		
Contracted	<b>X</b>	The Delaware County Single County Authority has three established points of access, that we call our Anchor Providers, for Level of Care Assessments which will link an individual directly to inpatient treatment or other levels of care, not excluding case management services or recovery support services. Delaware County residents seeking publicly funded treatment through the Single County Authority can be assessed at UHS The KeyStone Center (24/7), Crozer Chester Medical Center, or Merakey. The Delaware County Single County Authority has no direct interaction with individuals seeking treatment or other related services. The Delaware County Single County Authority Case Managers review required paperwork and documentation, from anchor providers or receiving providers, in order to authorize public funds for each individual seeking services.
Hybrid		
	<b># of contracted providers within catchment area</b>	<b># of contracted providers outside catchment area</b>
Withdrawal Management, Residential	<b>3</b>	<b>20</b>
Withdrawal Management, Ambulatory	<b>0</b>	<b>0</b>
Level 1, Outpatient	<b>7</b>	<b>0</b>

Level 2.1, Intensive Outpatient	6	0
Level 2.5, Partial Hospitalization	0	1
Level 3.1, Halfway House	1	13
Level 3.5, Clinically Managed Residential	2	50
Level 3.7, Medically Monitored Residential	0	0
Level 4.0, Medically Managed Residential	1	2
MAT Providers OBOTS	0	0
MAT Providers OTPs	4	0
Case Management Provider	8	
Certified Peer Recovery Support Providers	3	

Identify the existing assets/resources by completing **Table 2** below. Include any indigenous community resources that are available throughout your county to support recovery efforts of individuals under “Other” (i.e., food and/or clothing banks, computer resource rooms; faith-based community resources; transportation, etc.).

<b>TABLE 2: ASSETS/RESOURCES AVAILABLE IN COUNTY OR REGION</b>					
<i>Place an x in the assets/resources in your county AND/OR use empty cells to add assets/resources with an X</i>					
Asset/Resource	X	Asset/Resource	X	Asset/Resource	X
Experienced SCA staff	X	Access to Peer Support Specialist (CRS, CFRS, CPS)	X	There is an existence of a strong ROSC in the county, i.e., a system of care that supports recovery across multiple disciplines and services	X
Infrequent SCA staff turnover	X	Recovery Community Organization (RCO)/Center		Systems of Care County	X
Amount of SCA staff to meet demand	X	Community Based Support Meetings (AA, NA, etc.)	X	SBIRT Utilization	
Sufficient # of MAT Providers	X	Local Food, Clothing Banks	X	There is strong collaboration between SCA and BH-MCOs	
Sufficient # of Outpatient Providers	X	Recovery Housing	X	There is strong collaboration between SCA and CAO	X
Sufficient # of Non- Hospital Residential Providers	X	Other affordable, safe housing options		Funding other than DDAP resources, i.e., grants, etc. (list):	X
Sufficient # of Withdrawal Management Providers	X	Access to transportation		Other assets/resources (list):	
Sufficient access to Mental Health Services		CareerLink is a ready resource	X	Center of Excellence	X
VA Facility		Other indigenous/informal community		Forensic Liaisons	X

In addition to Table 2, provide a narrative regarding how the SCA intersects with these resources for the benefit of the individuals receiving services including how the assets and resources assist in the establishment of a recovery-oriented system of care (ROSC), and how the ROSC is executed within your catchment area. See the links below for more information about ROSC.

- <http://www.williamwhitepapers.com/pr/CSAT%20ROSC%20Definition.pdf>
- <https://www.samhsa.gov/sites/default/files/expert-panel-05222012.pdf>
- [https://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)

*Insert narrative below:*

The Delaware County Single County Authority and the residents it serves has accessibility to many assets and resources that are readily available in our County that provides a continuum of care for each individual seeking services and/or treatment.

- The Delaware County Single County Authority and its contracted providers have a multitude of experienced staff. Many staff have been employed in the substance abuse field for two years or more. All Single County Authority staff are trained in the mandatory Pennsylvania Department of Drug and Alcohol Programs' trainings and are able to provide professional guidance to its contracted providers. Although the Delaware County Single County Authority is strictly administrative, almost half of the staff have worked at provider treatment facilities. In order to be eligible for a position at the Delaware County Single County Authority an individual must have at least two years' experience in the substance use disorder field. Staff turnover at the Delaware County Single County Authority is also infrequent. Staff who are employed with Single County Authority as of 2021 have been with the agency for two years or longer (except for one individual in Prevention). The Delaware County Single County Authority has enough staff to meet the demand of responsibilities of the day-to-day workflow. There are two Case Managers who oversee eleven providers, five or six each, in terms of authorizations for treatment stays, data collection, census reports, WITS entry, and managing client files. The Case Management Supervisor oversees the work of the Case Management staff while taking on responsibilities related to monitoring, public education, and trainings, managing Pennsylvania Department of Drug and Alcohol Program training requests, and facilitating treatment quarterly meeting with all providers. The Single County Authority Assistant Administrator oversees the day-to-day operations of both the treatment and prevention staff and provider monitoring. The Single County Authority Administrator oversees provider contracts, the Drug and Alcohol Board, Quality Assurance Assessments, grant reporting/writing, and participates on Treatment Court. The Single County Authority has two vacant positions that will be filled in the coming months. One vacancy is for Prevention Specialist and the other is a Case Management Specialist who will oversee Outpatient authorizations and Government Performance and Results Act (GPRA) Assessments and compliance.
- The Delaware County Single County Authority has a sufficient number of Medication-Assisted Treatment providers. There are four in-county Medication-Assisted Treatment providers. Those providers do not have a waitlist for services. Starting in fiscal year 2020-2021, to align with the Pennsylvania Department of Drug and Alcohol Programs Case Management and Clinical Services Manual (CMCS), the Single County Authority created a new policy regarding the use of Medication-Assisted Treatment at any level of care cannot be an exclusionary criterion to receive services at any contracted provider including Recovery House. The Delaware County jail, George W. Hill, also provides all forms of Medication-Assisted Treatment using different funding sources.
- The Delaware County Single County Authority has a sufficient number of non-hospital residential providers and withdrawal management providers, both in county and out of county, in which we are able to serve residents of Delaware County when they want to access care, usually within the same day of their assessment. Delaware County Single County Authority also has contracts with providers who serve specialty populations such as lesbian, gay, bisexual, transgender, Queer plus (LGBTQ+). The Single County Authority is constantly assessing the need to add additional providers to the network.
- The Delaware County Single County Authority has a sufficient number of outpatient providers. There are six outpatient providers in Delaware County that are able to serve our residents with no wait list. We add new contracted providers as the demand arises.
- Delaware County Single County Authority and its residents has access to Peer Support Specialist, Certified Recovery Specialists and Certified Peer Specialist. The Single County Authority contracts two providers to provide CRS programs in the county. One provider offers Certified Recovery Specialist warm hand off services (to all residents of Delaware County) and community-based Certified Recovery Specialist services (only to individuals who receive Outpatient services at that provider). This provider assists the Single County Authority in the Warm Hand Off report submitted to the Pennsylvania Department of Drug and Alcohol Programs. The other contracted Certified Recovery Specialist provider will be new starting in the FY 2021-2022 once they receive their contract with the County's Behavioral Health-Managed Care Organization. Although not contracted with Single County Authority, other services available to Delaware County residents includes Certified Peer Specialist services for mental health at two separate providers.
- Delaware County has a plethora of weekly or daily Community Based Support Meetings for any resident who needs this support including: Narcotics Anonymous (NA) which includes approximately 60 meetings a week, Alcoholics Anonymous (AA) which includes 254 meetings hosted in Delaware County weekly. Alcoholics Anonymous Family/Friend Support (Al-anon) and Narcotics Anonymous Family Friends support (Nar-anon) are available which are programs of recovery for the families and friends of those with substance use disorder. Cocaine Anonymous (CA) and Heroin Anonymous (HA) are also available but not at the same capacity as

Narcotics Anonymous and Alcoholics Anonymous. All resources can be easily located by searching those specific groups online.

- Delaware County Single County Authority has access to a substance abuse Center of Excellence, as well as a physical health Center of Excellence.
- Delaware County had numerous food banks in which residents can pick up nonperishable foods when the need arises. The Delaware County Department of Human Services also holds food drives on a regular basis in which food is collected from County employees and the community (including service providers, libraries, etc.) which is then given away via pick up at various locations on specific dates. Clothing is available to those who need it via the County Assistance Office, Neumann University, and Career Link. The Department of Human Services also has a contingency fund policy that is specific to drug and alcohol services that can provide \$150 per individual or \$300 per family per year to provide food gift cards and seasonal clothing, among other things.
- The Delaware County Single County Authority contracts with three Recovery House providers but are also looking to add more providers/houses to our list of contracts to be able to service more residents. Between all three providers, there are 28 houses and 202 beds. We are following the Pennsylvania Department of Drug and Alcohol Programs recommendations to not limit funding for any individual's rent, as long as the providers can submit documentation that the Single County Authority is the funder of last resort and that the individual is a Delaware County resident. All contracted Recovery Houses must mandate treatment and/or participation in self-help groups occur. We continue to expand as the need presents.
- The Delaware County Single County Authority has a strong Recovery Oriented System Of Care which includes: Recovery House providers; contracted programs across almost the entire continuum of care (those not contracted are always being assessed for need); collaboratively serving residents with other behavioral health service organizations; interdisciplinary meetings with other system stakeholders; Substance Abuse and Recovery Task Force cofacilitated with the Delaware County District Attorney's Office and Delaware County Department of Human Services; members of the Commonwealth Prevention Alliance and other professional organizations; we are a participant on Delaware County's Drug Treatment Court; the Single County Authority received State Opioid Response (SOR) funding to implement a Police Diversion Program and partnered for the newly formed Law Enforcement to Treatment Initiative (LETI) policy; Seeds to Sprouts Coalition to serve prenatal/perinatal women; and collaborative meetings with child welfare and juvenile justice.
- Delaware County is a System of Care county and initiatives through this funding are managed by the Department of Human Services Office of Behavioral Health which include Youth Mental Health First Aid trainings, System of Care Cabinet and Coalition, and the culturally and linguistically appropriate services expansion initiative
- The Delaware County Single County Authority has a strong working collaboration with our Behavioral Health-Managed Care Organization. We meet regularly with the Behavioral Health-Managed Care Organization for internal meetings, network meetings with high volume providers, monthly Strategic Utilization Management meetings and quarterly Strategic Planning meetings. We also receive monthly adverse incident reports, an annual review of all contracted services, as well as any special reports requested by the Single County Authority Administrator.
- The Delaware County Single County Authority has a strong relationship with the County Assistance Office (CAO), that has become more collaborative within the last few years. This collaboration includes, but is not limited to, a partnership between the Single County Authority, County Assistance Office, forensic liaisons, and the contracted Behavioral Health-Managed Care Organization to coordinate the assessment and referral to residential treatment and activate medical assistance benefits, if eligible.
- CareerLink has two Delaware County locations at the local Community College and in Chester, PA; The Chester location shares the same building as the County Assistance Office which gives the residents the opportunity to seek employment opportunities and other employment resources. Educational Data Systems, Inc (EDSI) is also located in Chester, PA and provides employment and training opportunities to adults and dislocated workers, noncustodial parents, ex-offenders, youth, unemployed, underemployed, veterans, or other economically disadvantaged populations. Community Action Agency of Delaware County (CAADC) also offers workforce development programs in collaboration with Educational Data Systems, Inc.
- The Delaware County Single County Authority has other funding resources other than Pennsylvania Department of Drug and Alcohol Programs which include:

- Department of Justice, Bureau of Justice Assistance for the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) – the grant will be used to provide buprenorphine and recovery support services at George W. Hill Correctional Facility.
- Human Services Block Grant which can fund treatment, prevention, and intervention programs/services not otherwise covered by Pennsylvania Department of Drug and Alcohol Programs.
- Vital Strategies Grant which will fund a minimum of two (2) Community Narcan “Contactless” Distribution Days; collaboration with law enforcement, as well as nontraditional partners such as the Delaware County Chamber of Commerce, to ensure the distribution of Narcan to businesses in high-risk areas, such as motels near the airport.

**Recovery Oriented System of Care (ROSC):** a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. The central focus of a ROSC is to create an infrastructure or ‘system of care’ with the resources to effectively address the full range of substance use problems within communities. The specialty substance use disorder field provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery) in partnership with other disciplines, such as mental health and primary care, in a ROSC. ([https://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)). As per SAMHSA, there are 12 principles and 17 essential elements for operationalizing a ROSC.

**Table 3:** Describe services available specifically to priority populations identified in DDAP’s Case Management and Clinical Services Manual, which are, Pregnant Women Who Inject Drugs, Pregnant Women Who Use Substances, Persons Who Inject Drugs (PWID), Overdose Survivors, and Veterans. List and describe services to special populations such as adolescents, women and women with dependent children, and individuals with criminal justice involvement, co-occurring disorders, cultural/ethnic/ language considerations (include interpreter services), and others, as applicable to your catchment area.

**TABLE 3: Services to Priority and Special Populations**

Priority Population	Service Description
Pregnant Women Who Inject Drugs	<p>The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. Providers are to refer to the Delaware County Single County Authority’s policy as it involves Pregnant Women Who Inject Drugs. The policy states timeframes in which the individual will be assessed and placed in services; if individual cannot be admitted to any level of care within 14 days of assessment, they will be offered interim services within 48 hours of the assessment. The policy states multiple resources regarding human immunodeficiency virus (HIV) and Tuberculosis (TB) counseling, counseling, and education about the effects of alcohol and drug use on the fetus, counseling and education about the disease transmission to sexual partners and infants, and will be referred to a maternal health program, which offers prenatal care and addresses women’s primary health issues. Specific programing/services, funded or not funded by the Single County Authority, in Delaware County that relate to Pregnant women who inject drugs include: Medication-Assisted Treatment services offered by in-county providers and at George W. Hill Correctional Facility (GWH); the Prevention, Education, Addiction, Recovery and Linkage (PEARL) program offers comprehensive intensive case management and nurse navigation services to assist expectant mothers who may be struggling with substance abuse. The PEARL team connects with mothers through outreach with physicians, community agencies and healthcare facilities throughout Delaware County. This includes Crozer Health and other facilities. The Prevention, Education, Addiction, Recovery and Linkage (PEARL) team aims to begin working with mothers during the perinatal stage and provide ongoing support and ancillary services postnatal until the baby reaches two years of age. Program services are available to mothers with Keystone First insurance. Mothers with other insurances who present to the program will be referred for assistance by the Crozer Health Opioid Treatment Center of Excellence team.; Expectant Mothers Managing Addiction (EMMA) support program is for women, who are pregnant or immediately postpartum (typically six months or less), who are currently enrolled in the Crozer Health Recovery Center for intensive outpatient (IOP) treatment, with or without methadone, and education regarding Neonatal Abstinence Syndrome. The program meets every other Wednesday from 10:30 a.m. to noon. The program is built into group time so there is no time added to Intensive Outpatient participation. Expectant Mothers Managing Addiction (EMMA) offer therapeutic interventions, including: Cognitive behavioral therapy (CBT); Motivational interviewing and education; Healthy Start; Case management; and additional resources.</p>
Pregnant Women Who Use Substances	Same as above
Persons Who Inject Drugs (PWID)	<p>The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. It is the policy to assure that Persons Who Inject Drugs requesting treatment for their substance use disorder are admitted to treatment immediately. Interim services will be available to all Persons Who Inject Drugs within 48 hours after the Level of Care Assessment and arrange for admission to treatment no later than 120 days after assessment. The policy states multiple resources regarding human immunodeficiency virus (HIV) and Tuberculosis (TB) counseling specific to locations in Delaware County. Services include Medication-Assisted Treatment of choice and Certified Recovery Specialist services.</p>

Overdose Survivors	It is the policy of Delaware County Single County Authority to provide priority access to assessment, referral, and treatment services to overdose survivors. Through the Certified Recovery Specialist (CRS) Model, these services will be provided to overdose survivors when they present to one of the seven emergency rooms, which are located within Delaware County’s borders, with the exception of one which is located in an adjacent County. Certified Recovery Specialist staff cannot complete a Level of Care Assessment but are available to provide screening and referral to a professional or provider qualified to clinically assess and refer to treatment. Certified Recovery Specialist staff are able to follow up with individuals when they decline treatment if the individual gives permission. Certified Recovery Specialist staff receive alerts from the Delaware County’s Emergency Management Services (EMS) 911 Center regarding any drug/alcohol related call which includes no individual identifying information. If the Single County Authority or contracted provider cannot ensure admission to the recommended level of care immediately, the individual must be offered case management services as well as admission to another level of care.
Veterans	The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. Veterans must have a Level of Care Assessment and be offered admission into the recommended level of care immediately. If the Single County Authority or contracted provider cannot ensure admission to the recommended level of care immediately, the individual must be offered case management services as well as admission to another level of care.  The Veterans Treatment Court is a program that serves defendants who have served in a branch of the military. This court assists veterans in Delaware County who are struggling with addiction, mental illness, or co-occurring disorders and come in contact with the criminal justice system.
<b>Special Populations</b>	<b>Service Description</b>
Women/Women with Dependent Children	The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. Services for Women/Women with Dependent Children include: Al’s Pals, a youth education program for children who live in addiction in their families, which is funded by the Single County Authority; Expectant Mothers Managing Addiction (EMMA) support program is for women who are currently enrolled in the Crozer Health Recovery Center for intensive outpatient (IOP) treatment, with or without methadone; and several residential programs who specialize in the treatment of women and/or women with children.
Adolescents	The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. The Single County Authority currently contracts with several providers who provide adolescent outpatient and intensive outpatient programming, and one provider of residential services, with another residential provider in the process of contracting. A mild intervention program, Teen Intervene, funded by the Single County Authority is available to all school districts and Youth Aid Panels in our County. Living with Purpose is a prevention-funded mentoring service for at-risk adolescents, who can be referred by their Student Assistance Program (SAP) teams or guidance counselors. The Delaware County Single County Authority also funds participation in Student Assistant Program Core Team Meetings and technical assistance to all Delaware County schools.
LGBTQ+	The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. The Single County Authority

	contracts with programs/services that are affirming to individuals who identify as lesbian, gay, bisexual, transgender, questioning/queer plus (LGBTQ+), which includes Morris Home, a 3.5 Level Of Care, for transgender and gender variant individuals; and Key Recovery outpatient programs provides evidence-based, specialized addiction treatment for lesbian, gay, bisexual, transgender, questioning/queer plus (LGBTQ+), treatment components are lesbian, gay, bisexual, transgender, questioning/queer plus (LGBTQ+) affirmative and actively promote self-acceptance of an lesbian, gay, bisexual, transgender, questioning/queer plus (LGBTQ+) identity as a key part of recovery.
Older Adults	The Single County Authority does not have specialized services for older adults but can provide education under prevention such as Project Meds. Project Meds educates about risks of medication abuse, misuse, and safe storage. This program can be a gateway to accessing treatment services.
<b><i>Individuals who have:</i></b>	
Criminal Justice Involvement	The Delaware County Single County Authority and its contracted providers provide services, including interim, required as per the Case Management Clinical Services Manual 20-25. Services provided include: The Second Chance Court, a program that serves defendants aged 18 and older who have been arrested for possession of drugs or some other minor offense arising out of drug addiction, such as minor theft. The requirements for Second Chance Court are: (1) Delaware County resident, (2) with opioid and/or stimulant abuse/addiction, and (3) charged with a low-level, non-violent offense related to opioid and/or stimulant abuse/addiction; The Treatment Court, a program to help address addiction, make positive lifestyles changes, and avoid serving lengthy jail sentences. This is a fast-track court program targeting three different types of non-violent offenders: <b>Track I-</b> Targets level 1 & 2 offenders with new charges and /or violation of probation/parole; <b>Track II-</b> Targets the Prison Alternative Drug and Alcohol Program (PADAP) also known as State Intermediate Punishment (SIP) level 3 & 4 offenders to undergo treatment and relapse prevention instead of incarceration. Offenders enter a guilty plea and are sentenced to a term of intermediate punishment, offering then the opportunity to be rehabilitated and avoid re-offending; <b>Track III-</b> Targets young adult offenders, aged 18-26, who are currently charged with felony marijuana possession; Individuals who are incarcerated at the County's jail are eligible to enroll in Medication-Assisted Treatment programs if they meet criteria; The Delaware County Single County Authority recently received State Opioid Response II funds to implement a Police Diversion to Treatment Program which will engage individuals in treatment and treatment-related services rather than incarceration. The Single County Authority is also currently a partner in the newly formed Law Enforcement Treatment Initiative (LETI) with the Delaware County's District Attorney's Office and the Pennsylvania Attorney General's Office; We also received funding from the Department of Justice, Bureau of Justice Assistance for the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP), which will be used to provide buprenorphine and recovery support services at George W. Hill Correctional Facility.
Co-Occurring Disorders	The Delaware County Single County Authority contracts with several co-occurring capable and enhanced programs. We also collaborate with the mental health system in our county to provide services for individuals with co-occurring disorders.
Cultural, Ethnic, Language Considerations	The Delaware County Single County Authority will strive to deliver services in a culturally competent way. It is the policy of the Delaware County Single County Authority and its contracted providers to provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices,

	preferred languages, health literacy levels, and other communication needs. These services are in accordance with the Case Management Clinical Services Manual 20-25. Services include but are not limited to Telephonic Interpreter Services and trainings surrounding cultural competency.
Serious Physical Health Conditions	Delivery of services, including interim, required as per the Case Management Clinical Services Manual 20-25; The Delaware County Single County Authority contracts with three 4.0 Level of Care facilities to accommodate individuals with serious health conditions.
<b>Other Special Populations and Service Descriptions</b>	

## 6. Identify any additional strengths of your service system

Other strengths of Delaware County's drug and alcohol service systems include:

- There is currently no wait list for any services or doctor time via in-county providers which is reported in an internally utilized The Delaware County Single County Authority Quality Metric report with the exception of one Methadone program. The Delaware County Single County Authority Quality Metrics report is due from contracted providers monthly.
- The Delaware County Single County Authority contracted Certified Recovery Specialist program engages with approximately 100 individuals per month that are triaged at the hospital.
- The Delaware County Single County Authority has a strong relationship with County Assistance Office assisting individuals in getting medical assistance activated
- The Delaware County Single County Authority has a strong relationship with the county jail and the two forensic liaisons are funded by the Single County Authority in collaboration with Adult Probation and Parole (AP&P).
- The Delaware County Single County Authority has a collaborative relationship with the District Attorney and Public Defenders Office. The Delaware County Department of Human Services is currently engaged in an initiative to collaboratively fund Social Workers at the Public Defender's Office.
- Drug Treatment Court in Delaware County has been operating successfully for 14 years.
- The Delaware County Single County Authority has found that there is little stigma within the community of Delaware County regarding Substance Use Disorder. This was shown through Single County Authority derived data collection of surveys. Surveys regarding Substance Use Disorder were given out at community events, community locations (grocery stores, gyms, courthouse, outpatient group settings, etc.), and other avenues. The Delaware County Single County Authority partnered with a research class at a local university, Widener University, to collect and analyze the results from the survey. Results showed most individuals who were surveyed thought treatment should be available in their community and that addiction is not a choice or moral failing.

### **B. Step 2: Unmet Service Needs and Critical Gaps Within the Current System**

In contrast with the previously noted strengths of your system, this section of the assessment process involves a data driven approach to identifying unmet needs and the gaps that exist in meeting them. DDAP will provide each SCA with Data Sources to assist in the completion of various aspects of this section that should be inserted into each SCA's document. While the presentation of data is required, data alone cannot represent a conclusion. Rather, the SCA must provide a narrative analysis to explain its assertions for each of the queries below. The Data Sources provided by DDAP are noted below:

<b>Data Source #</b>	<b>Description</b>
Data Source 1	NSDUH SUD prevalence estimates
Data Source 2	PDMP Opioid ED visit rates
Data Source 3	PHC4 alcohol & drug use visits/costs/length of stay
Data Source 4	Uniform Crime Reports (UCR) drug offense arrests
<b>PA WITS Data Sources</b>	
Data Source 5	Admission Enrollment SFY 18-19 Length of Stay by Modality
Data Source 6	Admission SFY 18-19 by Modality
Data Source 7	2018-19 Referral Source
Data Source 8	2018-19 Referral Source CJ & Non-Voluntary
Data Source 9	2018-19, COD, MAT, WWC
Data Source 10	2018-19 Substances Adult
Data Source 11	2018-19 Substances Adolescent
Data Source 12	Case Management Resource Report, CMRR

**General Prevalence of SUD:** An estimate of the general prevalence of substance use disorder in the total population of the SCA.

**Need:** the number of individuals who have SUD and are not receiving treatment yet, regardless of whether they want to engage in treatment.

**Estimate:** a numerical description of the current or past situation, based on data from known sources relating to the same time period using a known method which can be replicated.

**Prevalence:** the number of individuals with a diagnosable condition at a given time. These numbers may be used by SCAs to describe need (as distinguished from demand) and the extent of the problem. They show the potential for demand for services.

**Total population** is all people who are located in the geographic region of the SCA.

**Demand:** Demand for treatment is the number of people who will seek treatment for a substance use disorder.

The SCA should insert the Data Sources identified above relevant only to its specific county(ies) into this document. In addition to DDAP provided Data Sources, the SCA should use any locally derived data that substantiates the identified prevalence and needs.

*Every numerated heading must be addressed in the Needs Assessment. Throughout this template, where data sources are inserted, data analysis should be provided in narrative form immediately after the tables to explain what conclusions or inferences the SCA is deriving from the data.*

**1. General Prevalence of SUD:** include the Data Sources referenced below and an analysis to follow to address issues relative to the general prevalence of SUD in your county(ies). The data sets should be entered into the document in the order noted below:

- a. Data sources: DDAP will provide National Survey on Drug Use and Health (NSDUH) data (Data Source #1), Prescription Drug Monitoring Program (PDMP) data (Data Source #2), Pennsylvania Health Care Cost Containment Council (PHC4) data (Data Source #3), and Uniform Crime Reports (UCR) data (Data Source #4) for each SCA. Data, derived from these data sources, which pertains to the reporting SCA must be inserted into this document.
- b. Use of the data: The data (e.g. numbers) should be used by SCAs to illustrate need, as distinguished from demand, and the extent of the problem should be explained in the narrative to that follows.

**DelCo SCA Estimates of the Prevalence of Substance Abuse Disorders (Dependence or Abuse), as per National Survey on Drug Use and Health (NSDUH)**

<b>DATA SOURCE 1 (Prevalence Data from NSDUH)</b>						
<b>SCA</b>	<b>Total 2016 Delaware Co. Population</b>	<b>Prevalence Age 12+ 2015&amp;2016</b>	<b>Prevalence Age 12-17 2015&amp;2016</b>	<b>Prevalence Age 18-25 2015&amp;2016</b>	<b>Prevalence Age 18+ 2015&amp;2016</b>	<b>Prevalence Age 26+ 2015&amp;2016</b>
<b>DELCO SCA</b>	563,402	35,823	1,559	17,203	34,131	24,012

**Prescription Drug Monitoring Program Reported Syndromic Surveillance (2016 4th Quarter - 2017 3rd Quarter)  
Delco Rate of Emergency Department Visits for Opioid Overdose per 1,000 County Residents**

<b>DATA SOURCE 2</b>				
<b>COUNTY</b>	<b>2016 Q4</b>	<b>2017 Q1</b>	<b>2017 Q2</b>	<b>2017 Q3</b>
<b>DELCO</b>	0.3692	0.3443	0.5378	0.4704

According to this data, Quarter 2 and 3 from 2017 has increased since 2016. This data provides a rationale as to why Certified Recovery Specialist services should be available, and why a continued effort to work with Delaware County

Emergency Medical Services 911 Center is imperative. It is critical to continue to raise awareness of the availability of this program with Delaware County’s seven emergency rooms.

**TABLE A: Delco SCA Certified Recovery Specialist Emergency Room Data Calendar Year 2020**

The Delaware County Single County Authority also reviewed Delaware County specific datasets pertaining to Warm Hand Off data collected from the 7 emergency rooms. This data set in Table A is to provide further rationale of why Certified Recovery Specialist services should be available, and to present the high number of Emergency Room visits related to substance use (not just Opioid visits) in Delaware County. (table below).

<b>TABLE A: Single County Authority Certified Recovery Specialist Data Calendar Year 2020</b>				
<b>Quarterly</b>	<b>January-March</b>	<b>April-June</b>	<b>July-September</b>	<b>October-December</b>
<b>Total ER Face to Face Engagements</b>	278	196	236	266
<b>Total Hospital Face to Face Engagements</b>	34	27	32	49
<b>Total Community Over the Phone Engagements</b>	12	41	37	26
<b>Total Overdoses Who Went to Treatment</b>	13	8	6	10
<b>Total Overdoses Who Refused Treatment</b>	25	8	10	13
<b>Total Non-Overdoses Who Went to Treatment</b>	122	101	118	114
<b>Total Non-Overdoses Who Refused Treatment</b>	152	106	134	179
<b>Total Client Engagements</b>	324	264	305	341

In reference to The Delaware County Single County Authority Table A, the data shows a large section of non-overdose engagements which points to the number of individuals presenting to the physical health system who also benefit from Warm Hand Off services, despite not being the target population for this program.

**Pennsylvania Health Care Cost Containment Council (PHC4) Data: Inpatient Utilization Report Extracts**

<b>DATA SOURCE 3</b>									
<b>CY 2016</b>									
<b>Discharges, Financial Charges, and Length of Stay for Utilization for County Residents under the Major Diagnostic Category of "Alcohol/Drug Use &amp; Induced Organic Mental Disorder"</b>									
<b>COUNTY</b>	<b>2016 Quarter</b>	<b>Discharges</b>	<b>% of Total Discharges</b>	<b>Charges</b>	<b>% of Total Charges</b>	<b>Avg. Charge</b>	<b>Days of Stay</b>	<b>% of Total Days</b>	<b>Avg. LOS</b>
DELCO	1	252	1.4%	\$7,722,174	0.6%	\$30,644	1,447	1.6%	5.7
DELCO	2	289	1.6%	\$8,353,546	0.7%	\$28,905	1,595	1.9%	5.5
DELCO	3	259	1.5%	\$5,937,145	0.5%	\$22,923	1,332	1.6%	5.1
DELCO	4	276	1.6%	\$7,941,277	0.6%	\$28,773	1,479	1.8%	5.4

According to this data, in calendar year 2016, the number of discharges every quarter was relatively stable and the average length of stay was about the same.

\*graph notes:

- CY = Calendar Year
- Avg. = Average
- LOS = Length of Stay

**Delco Single County Authority Uniform Crime Reports (Year to Date December 2017, Pulled 02/09/2018)**

**\*YTD = Year to Date in below graph\***

**\*Mfg = Manufacturing\***

<b>DATA SOURCE 4</b>				
<b>Uniform Crime Reports; Arrests by Age/Sex YTD December 2017; Pulled 02/09/2018</b>		<b>TOTAL 2017 YTD</b>	<b>TOTAL 2016 YTD</b>	<b>Percent Change</b>
<b>County Name</b>	<b>Classification of Offenses</b>			
DELAWARE	18A-Drug Sale/Mfg - Opium - Cocaine	257	322	-20.19%
DELAWARE	18B-Drug Sale/Mfg - Marijuana	175	304	-42.43%
DELAWARE	18C-Drug Sale/Mfg - Synthetic	54	74	-27.03%
DELAWARE	18D-Drug Sale/Mfg - Other	100	160	37.50%
DELAWARE	18E-Drug Possession - Opium - Cocaine	503	473	6.34%
DELAWARE	18F-Drug Possession - Marijuana	1,223	1,144	6.91%
DELAWARE	18G-Drug Possession - Synthetic	96	95	1.05%
DELAWARE	18H-Drug Possession - Other	480	529	-9.26%
DELAWARE	210-Driving Under the Influence	1,445	1,775	-18.59%
DELAWARE	220-Liquor Law	570	566	0.71%
DELAWARE	230-Drunkenness	1,280	1,436	-10.86%
<b>DELAWARE</b>	<b>TOTAL ARRESTS ADULT &amp; JUVENILE</b>	<b>6,183</b>	<b>6,878</b>	<b>-75.85%</b>

According to the data in source 4, males are overrepresented in terms of arrest for all offense classifications, which is not surprising considering the data reported by George W. Hill regarding gender composition of current inmates. There were several increases across classification of offense from 2016 to 2017, but most notable included:

- 18A-Drug Sale/Mfg - Opium – Cocaine and 18E-Drug Possession - Opium – Cocaine. From the perspective of the Delaware County Single County Authority, this is consistent with increases we have seen in stimulant use and misuse. Over the past several years (2017; 2019; 2020) cocaine has been identified as the tertiary drug of choice in the Single County Authorities Authorization System (this was not the tertiary drug of choice in 2018). With the increase in State Opioid Response funding to include the use stimulants we will be better able to combat this increase, and track data in regard to those accessing treatment for stimulant use disorder utilizing the State Opioid Response II monthly reporting excel sheet.
- 18F-Drug Possession – Marijuana is also something the Single County Authority makes note of. With marijuana use being more widely accepted in society, and conversations regarding legalization/pending legalization, this could be causing the increase in use/possession. The Delaware County Single County Authority can focus more prevention efforts on the risks associated with Marijuana in both the youth and adult populations and education can include legal implications of marijuana drug possession.

~~The largest increase across classification of offense from 2016 to 2017 was, 18D-Drug Sale/manufacturing—Other, this may be a trend to analyze further. If sales are increasing, that could mean that usage of certain substances is also increasing, and the Single County Authority would be interested in exploring what “other” drug is referenced in order to be flexible with funding and programming.~~ Total overall arrests for all offense classification decreased from 2016 to 2017 by 695 individuals.

Although there is no alphabetical Single County Authority table to go along with the narrative data, George W. Hill Correctional Facility, Delaware County’s jail, has a population of 1,883 inmates. In 2019, there were 9,702 total commitments into the prison, and out of those inmates 3,450 self-reported having a Substance Use Disorder, and 1,650 self-reported an Opiate Use Disorder. George W. Hill sees about 30 intakes per day and on average 7 present with withdrawal symptoms. In 2019, 838 inmates were detoxed upon commitment to the correctional facility due to having a positive urinalysis for opiates or exhibiting symptoms of withdrawal. Specifically, in 2020, George W. Hill committed over 5,600 individuals into the correctional facility:

- A. About 1,600 were detox successfully
- B. About 1,200 were detoxed from opiates, which accounted for 21% of jail population.
- C. 28% of individuals were detoxed off any drug
  - a. The other 400 fall into alcohol and benzodiazepines category

D. 1 in 5 individuals committing to jail needed detox

This information is specific to substance use disorder at George W. Hill but does not include information on whether the individual was arrested for Substance Use Disorder related offenses.

**2. Prevalence of Substance Use Disorder in Special Populations:**

- a. Each SCA is responsible for developing SUD prevalence estimates (for its service area only) for the special population groups listed in each of the admission data sources provided by DDAP for your SCA. These numbers may be used by the SCA to describe the potential *need for* and *extent of* the problem. The special population groups listed in **Data Source # 9**, i.e., individuals with co-occurring disorders (COD); individuals receiving MAT; and individuals admitted to women with children programs must be included in each SCA needs assessment. SCAs may include other special population groups, as pertinent.
- b. In a narrative response, list the local sources of information used. Examples include criminal justice advisory boards, student assistance programs, coroner’s reports, United Way, hospital coalitions, SUD related advisory boards, task forces, medication-assisted treatment providers, consumer/family satisfaction teams, etc. for any SCA generated data.

**Delaware County Admissions in Categories of Interest State Fiscal Year 18-19 – Data from Pennsylvania Web Infrastructure for Treatment Services (WITS)**

DATA SOURCE 9							
Admissions in Categories of Interest SFY18-19 Via Pennsylvania Web Infrastructure for Treatment Services (WITS)							
SCA	Total Admissions	Co-Occurring SA/MH Admissions	%	Medication Assisted Tx Admissions	%	Women with Children Facility Admissions	%
<b>DELAWARE</b>	832	3	0.4%	91	10.9%	1	0.1%

DDAP Data Source 9 is pulled directly from Pennsylvania Web Infrastructure for Treatment Services (WITS) and based on The Delaware County Single County Authority’s funded admissions. Via the Pennsylvania Web Infrastructure for Treatment Services report, the Single County Authority has funded 3 admissions for co-occurring treatment. The low number of co-occurring admissions is similar to our other southeast regional partners (Chester, Montgomery, Bucks, Philadelphia). Anecdotally, from the Delaware County Single County Authority’s Case Management team, who review authorizations, they think that of the individuals with co-occurring disorders that the Single County Authority funds is higher than the number recorded. The Delaware County Single County Authority’s Case Managers authorize individuals for 3.5 dual Level of Care more than three times per year. This is confirmed, not only through anecdotal evidence, but also shown through the Single County Authority’s treatment funding authorization system, Susquehanna Software. Using the authorization system, we were able to pull data from fiscal year 2018-2019, sorting by cost center 823 B (which is how 3.5 Dual was coded within the system that fiscal year). The report showed that 94 unduplicated individuals were authorized to receive 3.5 Dual treatment services under Single County Authority funding. Of those 94 unduplicated individuals, 960 units of service for 3.5 dual level of care were funded, for a total of \$283,271.00.

The Delaware County Single County Authority’s and its providers are favorable toward the use of Medication-Assisted Treatment. The numbers that are reflected within the graph are projected to continue growing, since all contracted providers must provide Medication-Assisted Treatment services if the individual is eligible. Although not a treatment Level of Care, all Recovery Houses contracted with the Delaware County Single County Authority’s must accept all individuals on Medication-Assisted Treatment or have a designated house where those individuals can live.

The Delaware County Single County Authority believes the one (1) admission related to Women with Children Facility Admissions to be accurate. Anecdotally, from our Case Management Specialists, there are very few women with children who request Single County Authority funding to begin with. In the past year, there has been zero. This low reported number could be attributed to the ease of obtaining Medical Assistance if pregnant or when having children. Our County Assistance Office, in Chester Pennsylvania, reported that applications for pregnant women can come from clinics, doctor offices, and prenatal/perinatal program offices; when those offices submit applications on the individuals’ behalf, they are

approved with almost no wait time. Moreover, women who receive Medical Assistance while pregnant are eligible to have that coverage until their child is two years old without terminations. Lastly, Medical Assistance was not being terminated during the COVID-19 pandemic.

**Emerging Substance Use Problem:** This phrase implies that there is a situation that is qualitatively different from what came before and could not have been fully anticipated and planned for. The emergence may be attributed to the population of users, the type of substance, the nature of the substance or the rate of increase. The implication is that a new problem confronts the community and it may need to be addressed. The new problem may be an isolated event that requires immediate action, or it may take the form of a gradual pattern change that was initially anecdotal information, tracked over time, and now requires a response impacting service delivery.

3. **Emerging Substance Use Problems** by type of substance, route of administration, population, availability and cost, etc.:
- a. Provide data that is specific to your service area, which may be derived from DDAP Data Sources #1 through #12 or from your own SCA-generated data;
  - b. The SCA may include data relative to contiguous counties as appropriate, i.e. emerging substance use patterns in bordering geographic areas that may impact your SCA’s emerging substance use patterns;
  - c. The SCA may include statewide data that it anticipates being relevant to its catchment area.
  - d. In addition to the data provided, the SCA should provide a narrative explaining how this is different from what has been occurring to make it an emerging substance use issue, e.g., increase or decrease in heroin use and/or deaths, increase in methamphetamine use, identification of new drugs of abuse.
  - e. Include a succinct description of the information relied upon to identify the emerging need, and include supporting data. Examples of supporting data include but is not limited to:
    - Data Sources 5 – 12 (PA WITS) and SCA generated data;
    - Anecdotal information obtained from treatment providers, police, probation/parole officers, human service staff, MH case managers, and/or children & youth case workers;
    - Other data source information such as Warm Handoff (WHO) numbers, hospital emergency department substance use-related encounters, including deaths, increase in HIV/AIDS, Hepatitis B & C, and TB cases, substance use-related arrests, PA Youth Survey (PAYS), student assistance program data, etc.

**TABLE B: Delaware County Single County Authority, Drug of Choice Authorizations**  
 Data derived from Susquehanna Software, Inc. (CPR-Web) and only authorized treatment for the following Levels of Care: Withdrawal Management, Inpatient Rehabilitation, Halfway House, and Recovery House

<b>TABLE B: Delaware County Single County Authority Drug of Choice Authorizations</b>			
<b>Calendar Year (CY) 2019 &amp; 2020</b>			
<b>Drug of Choice</b>	<b>CY 2017</b>	<b>CY 2019</b>	<b>CY 2020</b>
<b>Primary Drug: Heroin</b>	383	397	382
<b>Secondary Drug: Alcohol</b>	196	286	210
<b>Tertiary Drug: Cocaine/Crack</b>	166	239	202
<b>Total Unduplicated Clients</b>	<b>609</b>	<b>785</b>	<b>732</b>

Table B shows that the Delaware County Single County Authority has funded individuals who mostly have an Opioid Use Disorder and Alcohol Use Disorder which aligns with anecdotal data we receive from providers. Please note, calendar

year 2018 was left out of the Table B due to the fact that the tertiary Drug of Choice for that year was Other Opiates and Synthetics.

**Data Source 10** Provided by the Pennsylvania Department of Drug and Alcohol Programs was derived from Pennsylvania Web Infrastructure for Treatment Services (WITS), displaying the number of adult admissions and those adults' primary choice of substance.

<b>DATA SOURCE 10</b>		
<b>Admissions State Fiscal Year 18-19 Adult Admissions by Substance and Single County Authority via WITS</b>		
<b>Primary Substance</b>	<b>Delaware SCA</b>	<b>SCA %</b>
<b>Alcohol</b>	165	20.4%
<b>Benzodiazepines</b>	8	1.0%
<b>Cocaine/Crack</b>	60	7.4%
<b>Hallucinogens</b>	2	0.2%
<b>Heroin</b>	352	43.5%
<b>Marijuana/Hashish</b>	83	10.3%
<b>Methadone</b>	2	0.2%
<b>Methamphetamine/Speed</b>	33	4.1%
<b>None</b>	3	0.4%
<b>Other Amphetamines</b>	1	0.1%
<b>Other Opiates &amp; Synthetics</b>	88	10.9%
<b>Other Sedatives or Hypnotics</b>	4	0.5%
<b>PCP</b>	7	0.9%
<b>Unknown</b>	1	0.1%
<b>SCA Total</b>	<b>809</b>	

The data from data source 10, which details adult admissions in Delaware County, shows no admissions for the following primary substance in Fiscal Year 18-19: Barbiturates; Inhalants; Other Drugs; Other Stimulants; Other Tranquilizers; Over-The-Counter Medications and, because of that, these substances were removed from the table. Almost half of all adult admissions are opioid related, with the highest second reason for adult admission being alcohol. We see the numbers associated with marijuana are used in tandem with other drugs, not just solely marijuana.

**Data Source 11** Provided by Pennsylvania Department of Drug and Alcohol Programs was derived from Pennsylvania Web Infrastructure for Treatment Services (WITS), displaying the number of youth admissions by primary choice of substance.

<b>DATA SOURCE 11: Admissions State Fiscal Year 18-19</b>		
<b><u>Youth</u> Admissions by Substance and Single County Authority CA via WITS</b>		
<b>MODALITY</b>	<b>DELAWARE</b>	<b>SCA %</b>
<b>Alcohol</b>	1	4.3%
<b>Benzodiazepines</b>	2	8.7%
<b>Marijuana/Hashish</b>	20	87.0%
<b>SCA Total</b>	<b>23</b>	

The data from data source 11, which details youth admissions in Delaware County, shows no youth admissions for the following substances: Cocaine/Crack; Heroin; Inhalants; Methamphetamine/Speed; Other Amphetamines; Other Drugs; Other Opiates and Synthetics; Other Sedatives or Hypnotics; Over-The-Counter Medications and, because of that, these substances were removed from the table. Youth admissions show the greatest area of concern is Marijuana/Hashish, which was also one of largest reported substances for adult admissions. The numbers regarding youth admission by substance is consistent with the Delaware County Pennsylvania Youth Survey (PAYS) data from 2019. Alcohol and Marijuana were the most highly reported used substances according to survey respondents, for lifetime use and 30-day use, among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders. Concerning youth, more Alcohol, Tobacco, and Other Drugs (ATOD) Prevention are occurring in our Delaware County schools, where the hope is to deter youth from experimenting with substances because they will recognize the risk associated with use/misuse, which includes addiction. When clinical levels of care are not appropriate for youth using substances, Delaware County has interventions/mild interventions for youth to participate in including, the Student Assistance Program (SAP), Living with Purpose (peer mentor program), and Teen Intervene (designed as a comprehensive screening, brief intervention and referral to treatment model of care).

**Substance Use (and non-substance use) Trend:** A *prevailing* tendency, inclination, direction or shift relating to the economy, government, legal issues, technological and medical advances, or sociocultural patterns that may influence business practices of the SCA. Trends are local, state, or national, and may include a move to integrated health/behavioral health care, increase in specific immigration populations, local unemployment rates, aging of baby boomers, electronic medical records, implementation of evidence-based/promising practices, focus on special initiatives (e.g., MAT, offender re-entry, co-occurring disorders), implementation of telehealth, political priorities, etc.

**4. Local, state, and national substance and non-substance use trends** that may impact the SCA:

- a. Complete **Table 4** below;
- b. Provide a brief narrative on those trends most likely to impact the delivery of services during this planning period.

**TABLE 4: TRENDS IMPACTING THE SCA (mark with an X)**

Trend	X	Trend	X	Trend	X
Increase Use of Psycho-stimulants/Methamphetamines	x	Increase in Underage Drug Use		Increase in Unemployment Rate	x
Increase Use of Heroin		Increase in Underage Alcohol Use		Decrease in Unemployment Rate	
Decrease Use of Heroin		Decrease in Underage Alcohol Use		Increase in or new Drug Court Implementation	
Increase in Prescription Drug Abuse/Addiction		Increase in DUIs		Increase in Older Adult Population	
Decrease in Prescription Drug Abuse/Addiction		Decrease in DUIs		Increase in minority population growth resulting in health equity needs	
Increase in Synthetic Drug Use (bath salts, K2, etc.)		Increase in Overdose Deaths		Workforce Issues	x
Decrease in Synthetic Drug Use (bath salts, K2, etc.)		Decrease in Overdose Deaths		Other (please explain)	
Decrease in Underage Drug Use					

- In the past two years, the prevalence of psychostimulant use, especially methamphetamine, has been growing. The rate of stimulant use in 2020 averaged about 25%, while in previous years the number averaged approximately 10%.
  - Although stimulant use seems to be rather consistent within the dates provided, we are receiving anecdotal feedback from contacted providers and the community that stimulant use/misuse is mildly increasing. To further support our rationale regarding the increase, data was pulled from the Single County Authority’s authorization system, which showed a slight increase in individuals seeking treatment for stimulant use. Reference Table B.
    - Authorization data was pulled for the first quarter of calendar 2021 (January to March) and Cocaine/Crack is still listed as the Tertiary Drug of Choice; 69 individuals identified themselves as using/misusing stimulants.
  - The Single County Authority also reviewed data from our contracted Certified Recovery Specialist provider which indicates an increase in engagement specific to Methamphetamine use. In 2019, 145 individual engagement calls were for Methamphetamine; in 2020, 201 individual engagement calls were for Methamphetamine. This again shows mild increase. Note that these numbers are specific to Methamphetamine, but if Cocaine as drug of choice was included, the numbers would be higher.
- Due to the COVID-19 pandemic, unemployment rates have been higher than average due to the closure of or decrease in services and businesses.
- Many business and service industries have declined due to the COVID-19 pandemic. Because many of the people who access the substance use system work in the service industry, this has greatly impacted the number of jobs available in the community.
- Over the past year, the demand for Recovery House funding has increased, especially with the decrease in employment.

**Demand for Treatment:** the number of people who will seek treatment for a substance use disorder.

**5. The demand for substance use disorder treatment**

**a. Consider the data sources which include WITS data, SCA data, and other data resources can be used to identify demand for both**

assessment and treatment services, which illustrates where the gaps are in the availability of specific levels of care. DDAP provides the **Data Sources #5 through #12, which are derived from WITS**, to each SCA, as follows:

- **Admissions by Modality: Data Sources #5 and #6** are slightly different from the referral source tables. It is limited to SCA clients defined by the “*Submit to SCA*” item in WITS. It counts treatment admissions that began during the year, rather than individual clients. This report identifies differences in the pattern of services provided by each SCA, compared to the statewide pattern.
- **SCA Pattern of Referrals: Data Source #7** presents the number and percentage of all first admissions for SCA-paid adult clients for the previous year, broken down by each referral source. The percentages for each individual SCA and the state (as a whole) will be displayed side by side, for comparison.
- **Clients Not Referred by a Provider (Criminal Justice/Non-Voluntary Proportion): Data Source #8** provides an example based on WITS criminal justice referrals (not referred by a provider) to show the differences among SCAs in strategies for identifying and engaging criminal justice clients in need of treatment.
- **Adult/Youth Admissions by Substance: Data Sources #10 and #11** are also limited to SCA admissions as defined by the “*Submit to SCA*” item in WITS. It counts treatment admissions that began during the year, rather than individual clients, based on the primary drug of choice at admission. The percentage of admissions attributed to each substance is compared with the percentage of statewide admissions for that substance for age categories: under age 18 and age 18 and older.

The demand for treatment in Delaware County can be represented by the number of individuals who are publicly funded and using data presented in the tables below. **In 2019, there were a total of 19,429 Delaware County residents served with public funds. Of that total number, 1,053 were Single County Authority funded and 18,376 were funded by the County’s contracted Behavioral Health – Managed Care Organization**

<b>DATA SOURCE 6</b>		
<b>Admissions State Fiscal Year 18-19 by Modality and Single County Authority via Pennsylvania Web Infrastructure for Treatment Services (WITS)</b>		
<b>MODALITY</b>	<b>DELAWARE</b>	<b>SCA %</b>
<b>821-Adolescent Inpatient Non-Hospital Detoxification</b>	4	0.5%
<b>821-Inpatient Non-Hospital Detoxification (3A)</b>	256	30.8%
<b>823-Adolescent Inpatient Non-Hospital Drug-free (III.5)</b>	1	0.1%
<b>823-Adolescent Inpatient Non-Hospital Drug-free (III.7)</b>	1	0.1%
<b>823-Halfway House (2B)</b>	8	1.0%
<b>823-Inpatient Non-Hospital Drug-free (3B)</b>	146	17.5%
<b>823-Inpatient Non-Hospital Drug-free (3C)</b>	25	3.0%
<b>831-Inpatient Hospital Detoxification (4A)</b>	36	4.3%
<b>833-Inpatient Hospital Drug-free (4B)</b>	12	1.4%
<b>862-Adolescent Intensive Outpatient Maintenance (II.1)</b>	1	0.1%
<b>862-Intensive Outpatient Maintenance (1B)</b>	3	0.4%
<b>862-Outpatient Maintenance (1A)</b>	11	1.3%
<b>863-Adolescent Intensive Outpatient Drug-free (II.1)</b>	29	3.5%

<b>863-Adolescent Outpatient Drug-free (I)</b>	9	1.1%
<b>863-Intensive Outpatient Drug-free (1B)</b>	143	17.2%
<b>863-Outpatient Drug-free (1A)</b>	122	14.7%
<b>864-Adolescent Intensive Outpatient Other Chemotherapy</b>	1	0.1%
<b>864-Adolescent Outpatient Other Chemotherapy (I)</b>	3	0.4%
<b>864-Intensive Outpatient Other Chemotherapy (1B)</b>	10	1.2%
<b>864-Outpatient Other Chemotherapy (1A)</b>	11	1.3%
<b>SCA Total</b>	<b>832</b>	

The data from data source 6, which details youth and adult admissions by modality in Delaware County, shows no admissions for the following modalities: 810-Intake, Evaluation, and Referral; 823-Adolescent Halfway House (III.1); 831-Adolescent Inpatient Hospital Detoxification (IV); 833-Adolescent Inpatient Hospital Drug-free (IV); 853-Adolescent Partial Hospitalization Drug-free (II.5); 853-Partial Hospitalization Drug-free (2A); 861-Intensive Outpatient Detoxification (1B); 862-Adolescent Outpatient Maintenance (I); 9100-Case/Care Management and due to that these modality were removed from the table. From the data presented in Table 6, the highest demand for treatment modality is Inpatient Non-Hospital Detoxification with about 256 individuals accessing this Level of Care through Sigle County Authority funding, which could be attributed to this Level of Care being one of the first “access points” in an individual’s recovery, and by the time the individual moves to a different Level of Care they are eligible for Medical Assistance. The Delaware County Single County Authority also sees a large number individual’s accessing Inpatient Non-Hospital Drug-Free, which indicates that they are not on any form of Mediation-Assisted Treatment. The other two levels of care, in which we see most Delaware County residents accessing services are Intensive Outpatient Drug-Free and Outpatient Drug-Free, and since these individuals are accessing a drug free Level of Care, they are not on any Mediation-Assisted Treatment.

Of note, it may seem there is a discrepancy between Data Source 10 and Data Source 6. However, data source 10 only accounts for adult admissions by substance, whereas data source 6 accounts for both adult and adolescent admission by modality. Including adolescent shifts the total number of admissions.

Although not pictured, through Data Source 5, the Delaware County Single County Authority can see they are trending, in terms modality, with the rest of state. Data source 5 has the highest number of individuals accessing the following levels of care: Inpatient Non-Hospital Detoxification; Inpatient Non-Hospital Drug-Free; Intensive Outpatient Drug-Free. That is also what the Delaware County Single County Authority sees locally.

<b>DATA SOURCE 7: Pattern of Referrals – Intakes Unique Clients by County State Fiscal Year 18-19 Delaware County Single County Authority</b>	
<b>Clergy/Religious</b>	0
<b>Court/Criminal Justice</b>	276
<b>D&amp;A Abuse Care Provider</b>	87
<b>Employer/EAP</b>	2
<b>Family/Friend</b>	14
<b>Hospital/Physician</b>	26
<b>Other Community Agency</b>	22

<b>Other Non-Voluntary</b>	4
<b>Other Voluntary</b>	4
<b>PDMP</b>	0
<b>SCA</b>	92
<b>School/SAP</b>	4
<b>Self</b>	301
<b>Unknown</b>	10
<b>Total Unique Clients</b>	842
<b>Unique Juvenile Clients</b>	23

<b>DATA SOURCE 8: Unique Client Intakes Not Referred by a Provider (Criminal Justice / Non-Voluntary Proportion)</b>			
<b>SCA</b>	<b>Crim. Justice / Non-Voluntary Client Count</b>	<b>Total Unique Clients</b>	<b>Percent</b>
<b>DELAWARE</b>	280	842	33.3%

Using data source 7 and 8 (above), the Delaware County Single County Authority can see that most referrals for treatment are coming from the criminal justice system or non-voluntary admission which accounted for about 33% of referrals. These numbers can be attributed to Drug Treatment Court participants and the Single County Authority’s forensic liaisons. George W. Hill Correctional Facility also screens all inmates upon intake for substance use disorder and other behavioral health conditions. Other referrals with the highest reach were Drug and Alcohol providers and self-referral. With the self-referral number being so prevalent, it shows the Delaware County Single County Authority that there is high demand for treatment specifically from the individuals who are seeking help.

## 5. The demand for substance use disorder treatment (cont’d)

- b. Review data sources then discuss the issues you’ve identified in a narrative response that addresses the bulleted items listed below. Include **Data Source #s 5 – 12** (for your county only)
- The number of individuals waiting longer than 7 days for an assessment.
  - The number of individuals recommended for treatment that did not receive the recommended type of service.
  - The reasons why individuals recommended for treatment did not receive the recommended type of service.
  - The number of individuals recommended for treatment that had to wait longer than two weeks to access the recommended type of service, and the reasons why individuals had to wait longer than 2 weeks to access treatment.
  - A concise narrative discussing the SCA Pattern of Referral into Treatment data, the SCA Service Strategy data, and Demand for Services by Primary Substance data, as reflected in the data in **Data Source #s 5 – 12** (use the categories in the tables), referencing the following:
    - Nature of the need and demand for the most prominent and least prominent categories of referral sources, and the levels of service utilized by the SCA, as reflected by the data.
    - Activities of other service systems in the SCA, such as private pay providers and criminal justice providers not connected with the SCA, and juvenile services.
    - Issues for the management of your program which may be associated with demand for services from users of specific substances.
    - The most critical areas of need into which new resources are needed or would be applied. Examples include need for medication-assisted treatment services, inappropriately court-stipulated treatment, a specific problem with youth, specific enforcement/interdiction issues, etc.

- Include in the narrative an explanation of adolescent assessments and referrals to treatment including a description in number of referrals, capacity to serve adolescents and any unique circumstances in serving this population, etc.

The Delaware County Single County Authority has no individuals waiting longer than 7 days for an assessment. The Delaware County Single County Authority has three anchor providers: The KeyStone Center which is 24/7 open access, and Merakey and Crozer which also have open access, but with more limited hours. Although no individuals wait longer than 7 days for assessment, there have been some cases in which an individual may present, and are asked to come back a different day, but they do not return. This would only occur if the anchor provider had already reached their limit for open access hours that day.

The Delaware County Single County Authority has no incidences where the individuals were not placed in the recommended level of care for treatment. Anecdotally, the Delaware County Single County Authority Case Managers have reported this has only happened about five times in four years. The reasons why individuals recommended for treatment did not receive the recommended type of service were in instances of the clinical appropriateness for the individual to be in that Level of Care, or due to bed availability. The path into treatment in most cases is through the detox level of care, and despite expansion of detox beds, the Single County Authority’s contracted bed availability is still a barrier. Additionally, in cases where provider sites do not have available beds, bed searches at other facilities do not always result in placement.

The Delaware County Single County Authority does not have individuals waiting longer than two weeks to access the recommended type of service. For withdrawal management and other residential Level of Care, individuals are normally placed within 24-hours of assessment. For outpatient levels of care, individuals are given a “start date”, by the provider which is normally up to the discretion of person seeking treatment. The start date would not be longer than two weeks unless that was individual’s preference. The only instance in which there were wait times for services was for the in-county methadone clinic, SOAR. That facility has recently increased their license to be able to serve more individuals, in turn, creating less wait time than there had been in the past. In fact, SOAR has not had a waitlist for services since 2018. This is due to the fact that they increased their license twice, once in 2018 and again in December 2019. Currently, there is no waitlist at SOAR, and there are 67 openings for Medicated Assisted Treatment services that are not being utilized at this time.

**Case Management:** offers a single point of contact as a coordinated approach to the delivery of health, substance use, mental health, and social services, and linking individuals with appropriate services to address specific needs and achieve stated goals.

**Care Coordination:** a function of case management which includes a collaborative process of engagement, evaluation of needs, establishing linkages, arranging access to services, ensuring enrollment in the appropriate healthcare coverage, advocacy, monitoring, and other activities to address the individual’s treatment-related needs throughout their course of treatment.

**Recovery Support Services (RSS):** are services that complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery.

**Demand for Recovery Support Services (RSS):** the number of people who will RSS for a substance use disorder

## 6. The demand for case management/care coordination and recovery support services.

Aside from Level of Care Assessments (LOCA) which in Pennsylvania’s SUD system of care are primarily a function of case management, the active coordination of services through advocacy, monitoring, coordination, linking, etc. is a necessary component of supportive engagement and care. , use a data-driven approach, by inserting information from DDAP provided Data Source #12 or SCA-derived statistics and information about the bulleted items below. Where hard data is unavailable, use estimates or anecdotal information, if necessary. Include all information in a narrative summary.

- How many total LOCAs have been done for each of the last 3 SFYs (2018, 2019, 2020) by the SCA? If you are a joinder, include county details as well as overall, cumulative data.

- Of those individuals seen for a LOCA in the last 3 SFY, how many received care coordination *beyond* initial referral to treatment and utilization review/authorization for services?
- Of those individuals who required case management services in the last 3 SFY *beyond* initial referral to treatment, how many were able to be served by the current capacity of case management? How many were not served by the current capacity of case management services as evidenced by case management wait lists, triage strategies or other limitations to resources?
- How many individuals seen for LOCAs in the past 3 SFY have been connected to formal peer supports? Explain your capacity as an SCA to provide CRS services.
- Complete **Table 5** below, followed by a narrative of the details asked above.

Table 5: Care Coordination Services			
Services	X	Services	X
Funding Acquisition (MA, Insurance)	X	Collaboration with other System Providers (CYS, CJ, etc.)	X
Safe, Affordable Housing		Services for the family Unit:	
Transportation		Access to insurance coverage/CHIP	X
Referral to Employment Services	X	Pediatric Care	
Food Acquisition		Childcare Provision	X
Interpreter Services	X	Insert other support services routinely provided below:	
Connections to Certified Peer Specialists	X		
Education/Support Groups (Parenting, Budgeting, Healthy Meal Planning, etc.)	X		
Clothing Banks			

Residents in Delaware County seeking publicly funded services through the Delaware County Single County Authority have three points of access which we call Anchor providers. These three anchor providers serve as assessment sites and points of entry into treatment services. The anchor providers can be a point of access for county provided case management and recovery support services. In terms of county residents receiving Medical Assistance, all Delaware County Single County Authority contracted providers are mandated to assist individuals in treatment with applying for and obtaining insurance from Delaware County’s contracted Behavioral Health-Managed Care Organization. This also includes physical health insurance and other county assistance programs. In addition to screening and assessment individuals can also be referred to Intensive Case Management (ICM), Case Management, and other recovery support services.

In 2019, seventy-three Delaware County residents were referred from Adult Probation and Parole via George W. Hill Correctional Facility and attended treatment upon their release from incarceration.

The tables below are pulled from Pennsylvania Web Infrastructure for Treatment Services (WITS) utilizing Data Source 12. Data Source 12 outlines the Case Management Resource Report. The Delaware County Single County Authority pulled this report via Web Infrastructure for Treatment Services (WITS) for the dates ranging from July 1, 2018 through June 30, 2020. Any Level of Care not mentioned had a report of zero (0) and was left out of the table. The Below tables reflect the numbers the Case Management Resource Report showed:

**DATA SOURCE 12: Web Infrastructure for Treatment Services (WITS) Case Management Resource Report 3  
Fiscal Years (2018-2020)**

State Fiscal Year	Total Number of Clients Assessed within 7 Days	Total Number of Assessments Scheduled	Total Number of Scheduled Assessments Completed	Total Number Recommended for Treatment
2017-2018	8	10	10	3
2018-2019	933	934	934	783
2019-2020	1,037	1,046	1,046	949

**Overall TOTAL**

<b>Total Number of Clients Assessed within 7 Days</b>	<b>1,978</b>
<b>Total Number of Assessments Scheduled</b>	<b>1,990</b>
<b>Total Number of Scheduled Assessments Completed</b>	<b>1,990</b>
<b>Total Number Recommended for Treatment</b>	<b>1,735</b>
<b>Total Number Waiting Longer than 7 days for an Assessment</b>	
<b>Reason for Waiting</b>	<b>Number Waiting</b>
<b>Capacity</b>	<b>1</b>
<b>Clients Choice</b>	<b>2</b>
<b>Funding</b>	<b>6</b>
<b>Hospitalized</b>	<b>2</b>
<b>Incarcerated/Detained</b>	<b>3</b>
<b>Total</b>	<b>14 (1% waiting)</b>

**DATA SOURCE 12 Continued**

<b>1,788 Total Number of Clients Recommended for Treatment (all level of care)</b>	
<b>Received</b>	<b>1,768</b>
<b>Did Not Receive</b>	<b>20</b>
<b>Why Didn't the 20 Clients Receive the Recommended Level of Care?</b>	
<b>Client Choice</b>	<b>1</b>
<b>Funding</b>	<b>5</b>
<b>Legal Issues</b>	<b>2</b>
<b>Not Applicable</b>	<b>9</b>
<b>Other</b>	<b>3</b>
<b>TOTAL</b>	<b>20</b>
<b>How Many Had to Wait Longer Than Two Weeks to Access the Recommended Level of Care?</b>	
<b>1 - Outpatient Services</b>	<b>1</b>
<b>2.1 - Intensive Outpatient</b>	<b>4</b>
<b>3.5 - Clinically Managed High-Intensity Residential (Adult)</b>	<b>4</b>
<b>3.5 - Clinically Managed Highest-Intensity Residential (Adult)</b>	<b>2</b>
<b>3.7 - Medically Monitored Intensive Inpatient</b>	<b>4</b>
<b>3.7-WM - Medically Monitored Inpatient WM</b>	<b>4</b>
<b>4 - Medically Managed Intensive Inpatient</b>	<b>3</b>
<b>4-WM - Medically Managed Intensive Inpatient WM</b>	<b>1</b>
<b>TOTAL</b>	<b>23</b>
<b>Of the Total Number of Clients Who Had to Wait Longer Than Two Weeks to Access the</b>	

<b>Recommended Level of Care, Why Did the Clients Have to Wait?</b>	
<b>Legal Issues probation, pending charges/detention</b>	<b>1</b>
<b>Not Applicable</b>	<b>4</b>
<b>TOTAL</b>	<b>5</b>

- In Data Source 12, there is a slight discrepancy in the numbers between those who were recommended for treatment (1,735) is lower than those who received treatment (1,768). This leaves 33 individuals who accessed treatment but looks like were never recommended with a formal assessment. The Single County Authority believes there a few reasons this could have occurred:
  - Those individuals admitted straight into an inpatient facility without going through the assessment process at a county provider contracted to provide screening and assessment. Certified Recovery Specialist referrals are an example in this instance. The individuals could have been assessed by an accepting inpatient facility, but it was not the extensive billed service our three anchor providers perform for screening and assessment.
  - Some providers (out of county) accept individual is during off hours. Individuals are assessed but the facility may not bill the Delaware County Single County Authority for the assessment.
  - If the Delaware County Single County Authority was not billed for an assessment, our Case Management Specialists ensures the provider completes an assessment and that it aligns with the Level of Care being received. The Single County Authority Case Management Specialists also review the American Society of Addiction Medicine (ASAM) criteria and DDAP Authorization form before a funding authorization sheet for each individual is approved and sent to the provider.
- In Data Source 12, there are two instances where “not applicable” had been marked for the following data points: 1. individuals who did not receive the recommended Level of Care and 2. Individuals who had to wait longer than two weeks to access the recommended Level of Care.
  - The Delaware County Single County Authority believes those marked as “not applicable” is an error in provider Web Infrastructure for Treatment Services entry. The “not applicable” referred to above meant there were *no* (0) individuals who either did not receive the Level of Care recommended or waited beyond two weeks to access the recommended Level of Care.
  - The Delaware County Single County Authority encourages providers to not leave fields blank in Web Infrastructure for Treatment Services at any time, and we believe this caused the confusion. Single County Authority staff will work with provider staff to ensure they are selecting “not applicable” only when appropriate as it relates to the question.
- Individuals are set up with care coordination beyond initial referral to treatment or utilization review when under under Single County Authority funding. In order to ensure that individual’s treatment and non-treatment needs are being addressed while they participate in substance abuse services, providers are required to complete the following:
  - provider agencies must aid individuals during the medical assistance application process. All in county providers are mandated to help an individual apply for Medical Assistance during the first week in treatment. A COMPASS sheet stating denied, pending, or approved, must be sent with any request for continued stays under Single County Authority funding. All contracted providers must enroll as COMPASS Community Partners in order to assist and track Medical Assistance applications for individuals who are uninsured and receiving Single County Authority funding.
  - Continued stay reviews for the individual’s treatment in addition to providing services to meet the treatment-related needs of the individual. The American Society of Addiction Medicine (ASAM) Criteria, 2013 must be applied throughout treatment to ensure individualized person-centered care is documented throughout the individual’s treatment episode. Timeframes for when continued stay reviews are reviewed and/or approved or disapproved are outlined in the Single County Authority’s Clinical Authorization

Guidelines Policy and are in accordance with the time frames outlined in the American Society of Addiction Medicine Criteria.

- Case Management Service Plan (or Recovery Plan) must be updated no less than every 60 days throughout an individual's time in treatment. Each individual receiving Single County Authority funds must have a Case Management Service Plan that has been reviewed by the SCA and updated while the individual is in treatment.
- Providers must document how identified non-treatment needs are being addressed while the individual participates in treatment services.
- Providers must maintain an updated list of resources available for each of the areas identified on the non-treatment needs checklist and make the appropriate referrals. Referrals for non-treatment services must be documented in the clinical chart.
- All Case Coordination services that are performed by providers directly, and/or referrals that are made by providers to meet identified needs, will be tracked by direct monitoring of individual charts by the Single County Authority and through invoices that providers submit to the Single County Authority's fiscal department. Monitoring of individual provider charts will be completed on an annual schedule, and invoices will be reviewed on a monthly basis by case management staff to ensure individuals information is uploaded in the Web Infrastructure for Treatment Services system. The acceptance or refusal of Case Coordination Services should be documented in the individual's chart for annual review. If an individual is no longer receiving services, funded by the Single County Authority, formal documentation must be made, including the reason why services have ended.
- Individuals who required case management services beyond initial referral to treatment, were able to be served by the current capacity of case management.
  - Additional service activities, such as Intensive Case Management (ICM) and Resource Coordination (RC) may be offered to the individual who is seeking services. Intensive Case Management providers will continue to use the Inventory of Support Services (ISS) tool which is the initial and ongoing tool used to identify the individual's level of self-sufficiency for each of the domains. These additional services are not mandatory but should be offered as a part of Case Coordination. The acceptance or refusal of such services should be documented in the individual's chart.
  - Case Management will be tracked by direct monitoring of individual charts by the Single County Authority and through invoices that providers submit to the Single County Authority's fiscal department. Monitoring of individual provider charts will be completed on an annual schedule, and invoices will be reviewed on a monthly basis by case management staff to ensure individual's information is uploaded in the Web Infrastructure for Treatment Services system. The Single County Authority uses an internal Case Management Chart Review Checklist which includes monitoring consents, case management process, case notes/documentation, Inventory of Support Services, service plans, and discharge forms if applicable.
  - The Single County Authority's two contracted Intensive Case Management providers, Prospect Crozer and Merakey, currently do not have waitlists for services.
- The Delaware County Single County Authority does contract with Prospect Crozer to provide Certified Recovery Specialist Services.
  - The Certified Recovery Specialist Program at Prospect Crozer Community Campus will serve adults age 18 and above who reside in Delaware County. Services do not require prior Department approval when services are recommended by a physician or other practitioner of the healing arts. Individuals must meet the criteria as outlined in DSM V for a Substance Use Disorder
  - Individuals may be current participants in services at Community Campus or referrals to Community Campus for Recovery Specialist support services only.
  - Individuals may be referred by completion of the Certified Recovery Specialist Referral Form. The form will be submitted to the Recovery Center Support Staff to open the individual's treatment. An Assessment Specialist will meet with the individual and will review the services available. They will ensure that

eligibility is met, there is no duplication of services, and the individual receives the services of their choice at the location of their choice. The meeting will be held within 48 hours of the specialist receiving the referral form. The individual will then be referred to the facility of their choice for the peer support services. The person must be referred by a practitioner of the healing arts.

- The development of the service plan is part of a process where the recovery specialist will assist the individual to identify their strengths, interests, resources, recovery goals, and treatment or services in which they are willing to participate. The individual service plan will be developed within 30 days of enrollment in the program. Review/updating of the plan should occur at the minimum every six months or when the individual's goals change the plan will identify: The individual's goal/s toward which they will be working; Objectives or steps they will take to work towards the goal; The services/activities/resources they will utilize; The time frame for completing the steps; The assistance required by the recovery specialist; and the frequency of the recovery support services needed.
- During fiscal year 2020-2021 the Delaware County Single County Authority amended a provider's contract, MVP Recovery, to include Certified Recovery Specialist Services. This increased the capacity of services in Delaware County and gives individuals choice in provider.

**Systems barriers** are all aspects of the institutions and the communications involved in identifying and serving treatment demand, which do not fully contribute to providing effective services to everyone as promptly as necessary. Systems barriers should not be the same resources as described in Section 1, **Table 2** (i.e., if something is noted as a resource, it should not also be noted as a barrier. For example, if you noted CareerLink as an available resource, but no employment services are provided to individuals with a SUD through their services, this is a barrier, not a resource). Examples of systems barriers include lack of access, quality and appropriateness of care, insurance denials, childcare, transportation, language, zoning restrictions, parental resistance to permitting SAP assessments, interface with county systems, length of time from application to acceptance for HealthChoices, restrictions of available funds, ineffectual tracking of individuals between payers, varied perceptions of medical necessity criteria, SCA protocols/policies and procedures, etc.

**7. System barriers to meeting demand** for assessment, treatment, case management and care coordination / recovery support services in the SCA:

- a. Complete **Table 6**, checking all items that apply. Additional items may be added to the chart as needed.

**TABLE 6: SYSTEM BARRIERS**

Barrier	X	Barrier	X	Barrier	X
Funding Issues (e.g., restrictive use of available resources, eligibility for use of available funds, etc.)		Poor Stakeholder Collaboration		Lack of Transportation for ongoing recovery efforts (employment, etc.,)	x
Health Insurance (e.g., limited authorizations, denials, qualified individuals who aren't insured, etc.)		Warm Hand-off Issues	x	Lack of Recovery Housing	
MA Eligibility (e.g., length of time to apply/become eligible, difficulties for individuals in applying, etc.)		Stigma		Lack of Safe/Affordable Housing	x
Lack of MAT availability (e.g., community-based buprenorphine prescribers, accessible methadone providers, etc.)		Lack of Certified Peer Workers (CRS, CFRS, CPS)		Lack of local support group meetings	
Lack of Treatment Providers (see below to note needed LoCs)		Lack of Recovery Supports overall		Lack of available social/recreational alternatives	X
Workforce Issues	X	Lack of Childcare			
Lack of Implemented EBPs (see Appendix B)		Lack of Transportation to Treatment	x		
Lack of treatment services for family members as primary client		List lacking supports not noted on chart:			
Language Barriers/Lack of Interpreter Services	X	List lacking LoC: <b>Partial Hospital, Adolescent Withdrawal Management, Adolescent Partial, Adolescent Hospital Based Inpatient</b>			

b. Provide a concise narrative response to expand on the information provided in **Table 6** and include any data to support these trends. Describe any gaps/barrier to meeting the demand for case management (level of care assessment *and* delivery of care coordination), and recovery support services.

- Due to the COVID-19 pandemic, unemployment rates have been higher than average due to the closure of or decrease in services and business. Many businesses and service industries have declined due to COVID-19. Because many of the people who access the substance use system work in the service industry, this has greatly impacted the number of jobs available in the community
- While all of Delaware County's contracted providers are required to contract with interpreter services, the use of interpreters is expensive and there is a lack of staff who speak a language other than English.
- Delaware County is tasked to engage 7 emergency rooms for the Warm Handoff program. Three of the seven hospitals do not engage with the program and the other 4 engage but have periods of lack of engagement. The Certified Recovery Specialist program educates staff on all shifts at all hospitals about the program, but turnover and confidentiality concerns prohibit their participation.
- Due to the frequency of Intensive Outpatient services and/or community-based treatment programs, individuals often cannot afford to take public transportation that frequently or the treatment facility is not located close to where

the individual lives. Many of the providers are located in the same geographical regions with not much available in the middle of the County.

- Just as with the difficulty in accessing transportation to treatment, individuals accessing community-based support also face challenges in affording the frequency of having to take public transportation.
- Delaware County has a high cost of living that can present challenges to individuals working in low-paying jobs or on public assistance to live independently in an apartment or house.
- People in recovery do not have access to “fun” things to do that don’t have some association with substance use.
- Substance Abuse services for adolescents is often a challenge. There are currently no licensed programs in Pennsylvania for Withdrawal Management, Partial, or Hospital based inpatient for adolescents.
- Delaware County also has limited access to Partial Hospital for adults. The Single County Authority has a need to increase in number of Partial Hospital Program (PHP) level of care to align with American Society of Addiction Medicine (ASAM) Criteria.

## II. TREATMENT AND SUPPORT SERVICE PLANNING

Utilizing the analysis of the data presented in the previous sections, both of system strengths and gaps, the SCA will prioritize those areas of need that it plans to address in its Plan (Table 7a). The Plan spans the five years of the Grant Agreement which will allow ample time to address the items identified. All priorities identified must be substantiated by data presented in the assessment portion of this document.

In prioritizing and identifying needs, the SCA will:

- Consider the data
- Determine the necessary steps or strategies needed to address or ameliorate the need
- Determine what resources are needed to implement the strategies
- Determine how much time it will take to accomplish each step of the process
- Identify by what measures, data, or indicators the SCA will determine how or when a particular aspect of a strategy has been accomplished

Tables 9, 10 & 11 of the Appendix may be used to assist the SCA in moving from assessment to establishment of the plan; however, these tables *should not be inserted into the document submitted to DDAP*. They are provided only as a resource for the SCA.

The SCA should submit three to five overarching priorities in a given year. Additional priorities may be included in the plan, but if additional priorities are submitted, DDAP will be anticipating the SCA to take action on that which is noted in the Plan for a given State Fiscal Year (SFY: July 1 – June 30). Included along with each priority, should be a long-term goal, with subsequent strategies or action steps that should be written as SMART goals. SMART goals are specific, measurable, achievable, realistic, and time-based. Two examples of resources for writing SMART goals can be found at:

<https://www.atlassian.com/blog/productivity/how-to-write-smart-goals>

<https://www.smartsheet.com/blog/essential-guide-writing-smart-goals>

### 1. Complete Table 7a: 5-Year Treatment and Support Plan as per the instructions above.

#### Annual Report

The SCA will create a five-year plan based on the contents of the Needs Assessment and will include identified priorities, goals and strategies to address the priorities over that time period. The SCA will submit an Annual Report to DDAP on November 1, to provide the status of the goals for the SFY recently completed. Changes and updates to the Plan will be permitted during the span of the five-year period: as priorities are addressed, new ones can be added; as new issues present themselves related to the assessment, additional goals and strategies can be added; if a plan is unsuccessful it can be modified or eliminated with justification. This process will provide actionable items for addressing system needs and

for providing updates to DDAP of steps being taken statewide for system change and improvement. In addition to the Plan, the SCA will also submit Table 7b (provided in a separate document provided by DDAP for the Report submission) and Table 8.

The schedule for the Plan Status Report is as follows:

<b>Time Frames</b>	<b>State Fiscal Year</b>	<b>Due to DDAP</b>
Annual Report = The Plan (Table 7a), The Plan Status (Table 7b) and Table 8		
Year 1	(April 2021 – June 2021) July 1, 2021 – June 30, 2022	Nov. 1, 2022
Year 2	July 1, 2022 – June 30, 2023	Nov. 1, 2023
Year 3	July 1, 2023 – June 30, 2024	Nov. 1, 2024
Year 4	July 1, 2024 – June 30, 2025	Nov. 1, 2025
<i>Note: because the TNA and Plan process was not initiated to coincide with the Grant Agreement period, the first year will be prolonged by 3 mos. and will only be for a four-year period. Subsequent TNAs and Plans will extend for the duration of the 5-year Grant Agreement.</i>		

**Note: DDAP will release additional instructions for the completion and submission of the Annual Report in the months prior to the due date.**

**TABLE 7a: 5-YEAR TREATMENT & SUPPORT PLAN**

<p><b>Priority 1: (The identified need/gap/barrier to be addressed) Lack of Transportation to Treatment and Recovery Supports</b></p>
<p><b>Goal: (what will be achieved toward addressing the need?) Delaware County Single County Authority will increase access to transportation to treatment and Recovery Supports.</b></p>
<p>Year 1: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will promote already existing services that enable individuals to obtain transportation. This would include the following:             <ol style="list-style-type: none"> <li>1. Promote to our contracted providers and the general community that the Delaware County Single County Authority has a contingency funds policy and resources which includes payment for Southeastern Pennsylvania Transportation Authority (SEPTA) Cards or Southeastern Pennsylvania Transportation Authority (SEPTA) Transpass and the process by which to request them. Southeastern Pennsylvania Transportation Authority (SEPTA) is the regional bus system in Southeastern PA. This goal will be completed by September 30, 2021.</li> <li>2. Some of the Delaware County Single County Authority contracted providers offer their own Southeastern Pennsylvania Transportation Authority cards – the Single County Authority will survey providers who offer Southeastern Pennsylvania Transportation Authority Cards so individuals can attend treatment. We will survey providers in regard to this goal by December 31, 2021.</li> <li>3. The Medical Assistance Transportation Program (MATP) is available in Delaware County for individuals who are 65+ or are diagnosed with a disability. Case Managers need to be involved in the process of setting Medical Assistance Transportation Program up for those individuals. We will schedule a collaborative meeting with Medical Assistance Transportation Program provider and our case management providers by April 30, 2022.</li> </ol> </li> </ul>
<p>Year 2: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will expand case management services to include travel training:             <ol style="list-style-type: none"> <li>1. Train all community-based case managers in how to be travel coaches. This can occur by September 30, 2022</li> <li>2. Travel training can begin with a pilot group of individuals receiving community-based case management by December 31, 2022</li> <li>3. By June 30, 2023, all individuals receiving case management can access travel training.</li> </ol> </li> </ul>
<p>Year 3: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will provide financial literacy services to individuals receiving treatment and recovery support services.             <ol style="list-style-type: none"> <li>1. By September 30, 2023, we will research financial literacy providers who can offer classes in Delaware County.</li> <li>2. By January 30, 2024, we will contract with a provider to deliver quarterly seminars on financial literacy.</li> </ol> </li> </ul>
<p>Year 4: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will engage individuals in getting their driver’s license or getting their driving privileges reinstated if had been suspended, through a driver’s license restoration program. The Delaware County Single County Authority could collaborate with the PA Department of Motor Vehicles (DMV) to determine if these programs already exist and how to access them             <ol style="list-style-type: none"> <li>1. By September 30, 2024, we will research partnership with Department of Motor Vehicle to see if programs like this exist and what is needed to implement them.</li> <li>2. By March 31, 2025, the first driver’s license restoration program will be delivered to a pilot group of individuals.</li> <li>3. By June 30, 2025, access to the program will be available to all individuals receiving services in Delaware County.</li> </ol> </li> </ul>
<p>Year 5: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• By 2026, in order to remove barriers to accessing the programs mentioned above, they would be facilitated at contracted programs once per month. The Delaware County Single County Authority will contract with the providers of the above-mentioned services (driver’s license restoration and financial literacy), and treatment and recovery contracted provider will be mandated to engage in those services once a month or according however often is demonstrated by need.</li> </ul>
<p><b>Priority 2: (The identified need/gap/barrier to be addressed) Language Barriers/Lack of Interpreter Services</b></p>
<p><b>Goal: (what will be achieved toward addressing the need?) Delaware County Single County Authority will increase access to interpreter services.</b></p>
<p>Year 1: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will poll providers to gauge their capacity of services/staff and need of interpreter services by December 31, 2021.</li> </ul>

<ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will promote the use of telephonic interpreter services in monthly email blast to contracted providers by December 31, 2021.</li> <li>• The Delaware County Single County Authority will promote the Single County Authority’s website which states access point for assessment and referral which can be translated in different languages through monthly email blasts by December 31, 2021. (<a href="http://www.DelcoHSA.org">www.DelcoHSA.org</a>)</li> <li>• The Delaware County Single County Authority will maintain a resource directory for language services that can be access by contracted providers by June 30, 2022.</li> </ul>
<p>Year 2: What strategies will be implemented to achieve the goal?</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will translate it’s “marketing” materials into the most widely spoken three languages, other than English, in Delaware County. The Single County Authority could work with Multicultural Community Family Services, Delaware County’s contracted provider for Culturally and Linguistically Appropriate Services expansion, to research those languages and how to get them translated by September 30, 2022.</li> <li>• We will obtain translated marketing materials by March 31, 2023.</li> <li>• We will begin to widely distribute translated marketing materials to communities in which the languages are spoken by June 30, 2023.</li> </ul>
<p>Year 3: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will survey providers to determine need for bilingual or multilingual staff by September 30, 2023.</li> <li>• The Delaware County Single County Authority will contract for a higher Fee-for-Service rate for services delivered in languages other than English by bi or multilingual staff by December 31, 2023.</li> <li>• The Delaware County Single County Authority will assist providers in recruitment efforts for staff who speak languages other than English by March 31, 2024.</li> <li>• The Delaware County Single County Authority will contract with a provider with bi-or multilingual staff at each level of service based on need by June 30, 2024.</li> </ul>
<p>Year 4: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will enhance its website <a href="http://www.DelcoHSA.org">www.DelcoHSA.org</a> to translate all treatment and prevention related documents. Currently the website can only translate webpage information, but not uploaded documents/brochures/flyers.</li> <li>• Website and enhancement and document translation will be complete by June 30, 2025.</li> </ul>
<p>Year 5: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will promote the work done within years 1-4 through all of 2026 at health promotions, hospitals, outpatient clinics, etc. The work done between years 1-4 will mitigate some of the barriers non-English speakers have in regard to accessing treatment and recovery services which should be heavily and widely promoted.</li> </ul>
<p><b>Priority 3: (The identified need/gap/barrier to be addressed) Warm Hand Off Issues</b></p>
<p><b>Goal: (what will be achieved toward addressing the need?) Delaware County Single County Authority will increase access and awareness about the Warm Hand Off Program</b></p>
<p>Year 1: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority’s contracted Certified Recovery Specialist provider will continue to educate and re-educate, as necessary, the seven emergency rooms in Delaware County on what Warm Hand Off is and how they can assist individual who have experienced an overdose or are in the emergency room for Substance Use Disorder related issues. Engagement visits at all shifts with each hospital will be scheduled by September 30, 2021.</li> <li>• The Delaware County Single County Authority and its contracted Certified Recovery Specialist program will increase the partnership with the Director of Delaware County Emergency Medical Services and the County’s 911 center to increase collaboration with the hospitals by March 31, 2021.</li> <li>• The Delaware County Single County Authority will schedule collaborative meetings with hospital leadership and contracted Warm Handoff provider by June 30, 2022.</li> </ul>
<p>Year 2: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will revise the Certified Recovery Specialist brochure to make a reader friendly “rack card” that will state where Certified Recovery Specialist services can be contacted, how assessment services can be accessed, and a Quick Response (QR) code which will direct individuals to more information about the service.</li> <li>• Design of the new rack card will be complete by December 31, 2022.</li> </ul>

<ul style="list-style-type: none"> <li>Regularly scheduled distribution of the rack card to hospitals, the community, and system partner will be complete by June 30, 2023.</li> </ul>
<p>Year 3: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>The Delaware County Single County Authority will outreach to their partnering Single County Authority’s and their Behavioral Health-Managed Care Organizations to gather all contracted Certified Recovery Specialist providers and encourage monthly meet ups for the Certified Recovery Specialist teams. Partnering Counties include, but are not limited to, Montgomery County, Bucks County, Philadelphia County, Berks County, and Chester County. This could mitigate the barrier that we face being unable to assist with clients from outside of Delaware County.</li> <li>We will obtain the list of Warm Handoff Programs in the region by September 30, 2023.</li> <li>We will assess interest in monthly regional collaborative meetings by December 31, 2023.</li> <li>We will host first monthly collaborative meeting by March 31, 2024.</li> <li>We will have ongoing monthly meetings scheduled for the next year by June 30, 2024.</li> </ul>
<p>Year 4: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>The Delaware County Single County Authority will expand Narcan access to overdose survivors through the Warm Handoff program, hospitals, and Emergency Medical Service providers. <ol style="list-style-type: none"> <li>The Delaware County Single County Authority contracted Warm Handoff Program will begin a leave behind naloxone program for any individual who has survived an opioid overdose and declines treatment by September 30, 2024.</li> <li>The Delaware County Single County Authority will collaborate with Delaware County Emergency Medical Services and private Emergency Medical Services providers to distribute Narcan to individuals who have experienced an opioid overdose and decline further medical care or connection to the Substance Use system by March 31, 2025</li> <li>We will collaborate with the three hospital systems in Delaware County to provide Narcan to individuals who have presented at the emergency room following an opioid overdose and decline connection to the Warm Handoff Program or treatment related services by June 30, 2025.</li> </ol> </li> </ul>
<p>Year 5: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>In 2026, the Delaware County Single County Authority will implement X-Waiver training for qualified professionals and begin a professional mentoring program. Qualified professionals will engage in SAMHSA’s X-Waiver training, in whatever format is available. After qualified professionals complete the training, the Single County Authority will host a forum to link professionals with existing X-waivered professionals to mentor the newly certified individual. The overall goal will be to encourage the prescription of a three-day supply of buprenorphine for individuals who present at the hospitals as an overdose survivor or individual with Substance Use Disorder who are unable to or decline admission to treatment the day of their presentation.</li> </ul>
<p><b>Priority 4: (The identified need/gap/barrier to be addressed) Lack of available social/recreational alternatives</b></p>
<p><b>Goal: (what will be achieved toward addressing the need?) Delaware County Single County Authority will address the lack of social/recreational alternatives in Delaware County</b></p>
<p>Year 1: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>The Delaware County Single County Authority will locate recreational activities in Delaware County without a substance or gambling focus by December 31, 2021.</li> <li>The Delaware County Single County Authority will survey the Recovery Community, linking with our Recovery House providers, to ask individuals what kind of activities they would like to see in the county by March 31, 2022.</li> <li>We will analyze the results of the asset survey by June 30, 2022.</li> </ul>
<p>Year 2: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>The Delaware County Single County Authority will host and/or sponsor social wellness events (events free of substance or gambling focus) through partnership with our providers for these events.</li> <li>Based on the asset survey completed in Year 1, Delaware County Single County Authority will host the first social wellness event by December 31, 2022.</li> <li>We will plan quarterly social wellness events to be completed by June 30, 2023.</li> </ul>
<p>Year 3: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p>

<ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will partner with instructional recreational business (running, outdoor activities, music schools, etc.) who would offer lesson/classes at free or discounted rates.</li> <li>• We will obtain a list of business from the Chamber of Commerce by September 30, 2023.</li> <li>• We will begin outreach to businesses to garner interest for partnership by March 31, 2024.</li> <li>• We will promote the services offered by partner business to the recovery community by June 30, 2024.</li> </ul>
<p>Year 4: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will work with business owners to host substance and gambling free events once every quarter.</li> <li>• We will obtain a list of business from the Chamber of Commerce by September 30, 2024.</li> <li>• We will begin outreach to business to garner interest in hosting substance and gambling free events by December 31, 2024.</li> <li>• We will sponsor the first substance and gambling free event at an interested business partner by March 31, 2025.</li> <li>• We will sponsor quarterly events by June 30, 2025.</li> </ul>
<p>Year 5: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• In 2026, the Delaware County Single County Authority will apply to use reinvestment funds and research grant opportunities to open a recovery center which promotes social/recreational alternatives for fun, as well as, information and resources pertaining to our other priorities such as financial literacy, workforce issues, etc.</li> </ul>
<p><b>Priority 5: (The identified need/gap/barrier to be addressed) Workforce Issues</b></p>
<p><b>Goal: (what will be achieved toward addressing the need?) The Delaware County Single County Authority will increase access to workforce opportunities.</b></p>
<p>Year 1: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will partner with workforce development programs within the County to gain stakeholder investment on this issue as it relates individuals with substance use disorder by September 30, 2021.</li> <li>• The Delaware County Re-entry Coalition, which focuses their efforts on residents of Delaware County with a criminal background, will be outreached to by September 2021. The goal of this outreach is to make the Re-entry Coalition aware that workforce issues are present in Delaware County for those with Substance Use Disorder who are involved in the criminal justice system and could make suggestions to prison and government leadership to effect change (e.g. offering workforce workshops during incarcerated)</li> <li>• The Delaware County Single County Authority will create a list of newsletters that offer employment related information and other resources to address barriers to employment, such as expungement seminars, by March 31, 2022.</li> <li>• Single County Authority staff will outreach to individuals who work at facilities such as prisons, homeless shelters, etc. to engage them in signing up for newsletters that promote expungement seminars and other work-related programs/services/announcements. This outreach will occur by June 2022.</li> </ul>
<p>Year 2: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delco Single County Authority will work with providers to offer more flexible treatment times to allow individuals the opportunity to work and participate by September 30, 2022.</li> <li>• The Delco Single County Authority will promote the use of contingency funds for one-time payments per fiscal year for clothes which includes items needed for interviews and/or employment and promote programs in Delaware County that promote wardrobes for work including Neumann University’s program called Dress for Success by December 31, 2022.</li> <li>• The Single County Authority will strengthen our relationship with Early Learning Resource Center (ELRC) in regard to Childcare / cost of childcare / and childcare dependability by March 31, 2023.</li> <li>• The Delaware County Single County Authority will collaborate with ELRC to increase awareness of available programs and eligibility requirements by June 30, 2023.</li> </ul>
<p>Year 3: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• Following the strengthening of our partnership with Early Learning Resource Center (ELRC) in Year 2, we will collaborate to determine if allocating prioritized subsidized daycare slots is allowable for individuals with Substance Use Disorder, and if so, how many slots would be available by September 30, 2023. If</li> </ul>

<p>prioritized slots are not an option, the Single County Authority will work collaboratively with the Early Learning Resource Center to determine programs that could be available to individuals with Substance Use Disorder in need.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority can gauge outpatient provider interest in facilitating AI's Pals prevention programming and children's waiting rooms for parents engaged in treatment by December 31, 2023.</li> <li>• The Delaware County Single County Authority, based off provider interest, will secure additional funding for children's services while parents are engaged in treatment by March 31, 2024.</li> <li>• The Delaware County Single County Authority will contract with additional providers for children's services while parents are engaged in treatment by June 30, 2024.</li> </ul>
<p>Year 4: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• The Delaware County Single County Authority will collaborate with the Delaware County Chamber of Commerce to maintain a list of businesses who are willing to employ individuals with a substance use or criminal background history by December 31, 2024.</li> <li>• Delaware County Single County Authority will collaborate with the Chamber of Commerce to create an annual work fair with the identified businesses who are willing to individuals with a substance use or criminal background history by June 30, 2025.</li> </ul>
<p>Year 5: What strategies will be implemented to achieve the goal? Include measurable objectives with specified target dates.</p> <ul style="list-style-type: none"> <li>• In 2026, the Delaware County Single County Authority will sponsor and/or host at least General Educational Development (GED) and supportive employment programs.</li> </ul>
<p><i>If more space is needed or if priorities are achieved or change during the 5-year period, add additional priorities as necessary.</i></p>

(Note: Table 7b is in the Annual Report and provides status information to the goals and objectives)

5. Include a concise narrative explaining how the SCA determined the prioritized needs to be included in its 5-year plan, including any caveats for successfully accomplishing each identified goal.

- Lack of Transportation to Treatment and Recovery Supports was determined to be priority #1 of the Single County Authority's 5-year plan. The Delaware County Single County Authority determined this because it is one of the biggest barriers for individuals to access any type of treatment. The Delaware County Single County Authority feels there are small changes we can make in order to alleviate this issue, such as utilizing the county's contingency fund more often.
- Language Barriers/Lack of Interpreter Services was determined to be priority #2 of the Single County Authority's 5-year plan. The Delaware County Single County Authority determined this priority by assessing its service system's strengths and gaps; Delaware County is a diverse county in which services and/or resource should be translated. More of our contracted treatment programs should be diversified. The Delaware County Single County Authority felt they invoke the most change regarding the service barrier and gap through cost efficient manners.
- Warm Handoff Issues was determined to be priority #3 of the Single County Authority's 5-year plan. The Delaware County Single County Authority determined this due to low "buy in" from Emergency Room/Hospital stakeholders; specifically, there is a hospital system in Delaware County that does not often participate in the program which leaves a gap in Certified Recovery Specialist Warm Handoff services to individuals who have experienced an overdose. Recurring education and re-education are our main goal associated with this priority.
- Lack of available social/recreational alternatives was determined to be priority #4 of the Single County Authority's 5-year plan. Although, there is a wide range of social/recreational activities to engage in Delaware County, there are not many in which alcohol and other substances are not present. For example, our movie theaters, ice rinks, and bowling alleys all sell alcohol. The Delaware County Single County Authority determined this to be a barrier within the county, as it directly effects how individuals can maintain their sobriety. There is large recovery community in Delaware County which can be attributed the number of recovery houses in our communities. We will offer a social/recreational alternative by way of recovery recreational space which would be the overall goal of year 5.
- Workforce Issues was determined to be priority #5 of the Single County Authority's 5-year plan. The Delaware County Single County Authority determined this because there is a barrier in our county of individuals in Recovery and individuals with incarceration records accessing employment. We are hoping to increase employment by partnering with agencies and employers.

**III. SUPPLEMENTAL INFORMATION (also updated and submitted annually with Report)**

1. Complete the inquiries pertaining to supplemental information below. If any of the items identified below are addressed in the Needs Assessment or planning portion of the document, the SCA may note “see above” in the Explanation column in the chart below rather than re-stating it in this table.

<b>TABLE 8: SUPPLEMENTAL INFORMATION</b>					
<b>Inquiry:</b>		<b>Yes</b>	<b>No</b>	<b>Explanation</b>	
1. Do the providers with whom the SCA contracts use any of the following EBPs?		<b>x</b>		Please indicate which EBPs are used among your contracted providers by checking the box to the right of the practice below:	
<i>Note: Items identified below by “*” reflect actual therapies identified as an EBP and <u>not</u> the inclusion of a topic/directive in treatment, i.e., attendance at AA is not “Twelve-Step Facilitation”, neither is addressing someone’s anger the delivery of the EBP “Anger Management”</i>					
Anger Management*	<b>X</b>	Medication-Assisted Treatment	<b>X</b>	Other EBP delivered (please list):	Other EBP delivered (please list):
Assertive Adolescent and Family Treatment	<b>X</b>	Motivational Enhancement Therapy		<b>Psychodrama</b>	
Behavioral Couples Therapy		Motivational Interviewing	<b>X</b>	<b>Seeking Safety</b>	
Brief Intervention/SBIRT		Multi-dimensional Family Therapy		<b>Solution Focused Brief Therapy</b>	
Cognitive Behavioral Therapy	<b>X</b>	Multisystemic Therapy	<b>X</b>	<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>	
Community Reinforcement Therapy		Relapse Prevention*	<b>X</b>		
		Trauma Informed Approaches	<b>X</b>		
Contingency Management/ Matrix Model		Therapeutic Community	<b>X</b>		
Dialectical Behavior Therapy	<b>X</b>	Twelve-Step Facilitation*	<b>X</b>		
<b>Inquiry:</b>		<b>Yes</b>	<b>No</b>	<b>Explanation</b>	
2. Does delivery of EBPs impact your contracting process?			<b>X</b>	<b>If a provider does not offer evidence-based programming the Delaware County Single County Authority would still contract with them if they are operating their programs according to best practice.</b>	
3. Does the SCA directly provide language assistance services?			<b>X</b>	<b>Delaware County Single County Authority does not provide any direct service. The Single County Authority’s website, which states access point for assessment and referral, can be translated in different languages. <a href="http://www.DelcoHSA.org">www.DelcoHSA.org</a> In addition to our website, the Single County Authority uses Language Line for individuals who call our office and do not speak English.</b>	

4. Does the SCA ensure that its contracted providers deliver language assistance services?	X		All of the Delaware County Single County Authority providers are contractually obligated to use some type of translator language services.
5. Are SCA staff trained in/understand cultural competency, to include Culturally and Linguistically Appropriate Services (CLAS) standards?	X		Delaware County offers cultural competency trainings and is contracted with a community organization to enhance our Culturally and Linguistically Appropriate Services (CLAS) standards.
6. Are SCA contracted service providers trained in/understand cultural competency, to include Culturally and Linguistically Appropriate Services (CLAS) standards?	X		Yes, this is a contractual requirement of all providers.
7. Does the SCA assist <i>insured</i> individuals (private or MA) in referral to treatment or system navigation?	X		The Delaware County Single County Authority case management team will help any individual locate an access point to treatment or better help them understand where their insurance can cover them (especially if with county's contracted Behavioral Health-Managed Care Organization). Additionally, the Single County Authority will fund co-pays and deductibles for individuals who provide documentation of need. We will also fund individuals who have received a denial from their primary and/or secondary insurer but still meet the medical necessity criteria for treatment services.
8. Does the SCA assist/support <i>under-insured</i> individuals in obtaining services?	X		The Delaware County Single County Authority provides funding to individuals with insurance coverage that does not fund a Single County Authority contracted service as a covered benefit.
9. Does the SCA assist individual family members in locating counseling services in your area for themselves due to a family member's SUD?		X	The Delaware County Single County Authority does not assist individuals with locating counseling services. Our team will recommend them to reach out to their healthcare provider.
10. Does the SCA refer family members to support services such as CFRS and/or family support meetings?	X		Family members are referred to family support services such as support group meetings. Family members are also referred to community coalitions in which they engage with like-individuals and contribute to the "cause" which we find most are willing and want to do. The Delaware County Single County Authority also funds a prevention program called Children Holding A Safe Environment (CHASE) which is a support group for youth, aged elementary through high school, who live with Substance Use Disorder in the home or within their family. All 15 public school districts in Delaware County are aware of this program. Youth and families can also be referred to their school's Student Assistance Program.
11. Does the SCA assist with funding for individuals to receive treatment or support services for themselves because of a family member's SUD?		X	The Delaware County Single County Authority does not fund treatment for individuals impacted by family members Substance Use Disorder.
<b>Community based case management services &amp; meeting individuals <i>where they are at</i></b>			
12. How does the SCA notify its county residents of the treatment services and assistance that are			The Delaware County Single County Authority website provides information on all the programs offered in our county. The Pennsylvania

<p>provided through the SCA (or its contracted providers)? Where, when (including frequency), how?</p>			<p>Get Help hotline and the warm handoff program also promote our county services. The Delaware County Single County Authority contracted providers offer literature on our services and the Single County Authority has a treatment guide which is updated as needed and distributed widely. <a href="http://www.DelcoHSA.org">www.DelcoHSA.org</a></p>
<p>13. How does the SCA ensure that citizens are made aware of the availability of quality treatment resources that are cost effective, easily accessible, location and hours of services, individuals are matched to resources?</p>			<p>The Delaware County Single County Authority has representation at community events, Human Services staff are cross trained to be able to answer community questions, and literature describing a broad array of resources is made widely available.</p>
<p>14. How does the SCA ensure that treatment program staff knows which statutorily defined populations receive admission preferences?</p>			<p>The Delaware County Single County Authority mandates our contracted providers to follow our priority population policy. Each contracted provider must also have their own priority population policy which follows the Clinical Services and Case Management 20-25 manual. Adolescents are listed as an additional priority population.</p>
<p>15. Does your SCA provide community-based case management services? Explain how this occurs.</p>	<p>X</p>		<p>Our Delaware County Single County Authority has three anchor providers who offer community-based case management services. One of the Single County Authority's anchor providers is contracted to be open 24 hours 7 days week for screening and assessment. All three anchor providers are contracted for open access. Additionally, the Single County Authority contracts with two providers to deliver Intensive Case Management services to assist individuals with their non-treatment related needs.</p>
<p>16. Does your SCA provide treatment &amp; recovery support outreach services? Explain how this occurs.</p>	<p>X</p>		<p>The Delaware County Single County Authority is contracted with the Warm Handoff program to provide outreach services to individuals in the community. The Single County Authority also partners with the Office of Adult and Family Services to complete outreach to homeless individuals who experience substance use.</p>
<p>17. How does your SCA ensure that individuals are served through a multidisciplinary approach when individuals are served/involved in various systems/agencies? How are connections made with other professionals to decrease potential negative consequences to individuals being served?</p>			<p>The Delaware County Single County Authority addresses multidisciplinary approach in our quarterly provider meetings, make connection to or provide contact information for system partners, and educate system partners about Drug and Alcohol confidentiality limitations, since this is often listed as a barrier to collaboration.</p>
<p>18. How does your SCA promote community-based harm reduction practices?</p>			<p>The Delaware County Single County Authority contracts with two providers who facilitate Community-based Narcan trainings (one once per month and one once every other month); individuals who successfully complete leave with free Narcan kit.</p>
<p>19. Does the SCA have any programmatic technical assistance needs that DDAP can assist with?</p>	<p>X</p>		<p>The Delaware County Single County Authority would like to see updated best practice and evidence-based treatment modalities guidance, as well as,</p>

			how we can best use the data available to us via Pennsylvania Web Infrastructure for Treatment Services (WITS).
20. Does the SCA or contracted providers have any training needs of which DDAP should be made aware?	X		The Delaware County Single County Authority and its providers need the Pennsylvania Department of Drug and Alcohol Programs certified Motivational Interviewing training, cultural competency training, and for the Certified Recovery Specialist certification to be virtual.

**APPENDIX A**

<b>Appendix A: List of Example Resources</b>		
<b>Bi-lingual Staff</b>	<b>Increase Treatment Capacity</b>	<b>Other (please explain)</b>
Co-Occurring Capable Providers/Staff	Increase Use of Medication-Assisted Treatment	
Detox Unit(s)	Additional MAT Providers	
Drug Court	Peer Navigator/Outreach	
Funding Increase	Permanent Supportive Housing	
Healthcare Navigators	Staffing Increase	
Hospital Engagement	Training	
Improved Stakeholder Collaboration	Transportation	
Increase of Recovery Housing Availability	Trauma Informed Care Facilities	
Increase in Recovery Supports Community		